TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, when 7, hours after detth.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
127()1 CERTIFICATE OF DEATH 12710

_	Marie Control of the		
1.	PLACE OF DEATH a. COUNTY Montgomery County - MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution; Residence as STATE b. COUNTY b. COUNTY	idence before admission)
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and	nd give nearest town)
	Takoma Park	Washington	47-3
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address		e. IS RESIDENCE ON A FARM?
_	Ralls Nursing Home	7775- 17th St. N.W.	YES NO
3.	NAME DF First Middle DECEASED (Type or print) Minnie Ann	Neal 4. DATE Month Sept. 21,	Day Year 19 67
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years FUNDER 1)	
F	emale White WIDOWED DIVORCED	5-10-1877 90 yrs. Months Di	ays Hours Min.
10a	a. USUAL OCCUPATION (Give kind of work done) IDD. KIND OF BUSINESS OR INDUSTRY		IZEN OF WHAT
13	Housewife	Georgia U.S	3.A.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
_	Walter S. Steel	Ellen Butler	
15 (Yi	i. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 es, no, or unkown) (If yes give war or dates of service)	7. INFORMANT Address	
	No	Ruby F. Neal-See Item No. 2,	
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	PI	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	DILATERAL LOBAS	2-DAYS
	4201 DUE TO M	10 100 10 1010	54
	gave rise to immediate (b)	SURFICIENCY	JEARS
	cause (a), stating the DUE TO	GRUSIS, (JENERALIZED)	20 YEARS
NOI.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
ICAI		ROSCLEROSIS	YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OF CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)	
	20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. F	PLACE OF INJURY (Home, farm, 20f. (City or town) (Count	ty) (State)
MEDICAL	Hour a.m. While Not While p.m. 19 at work at work	ctory, street, office bldg., etc.)	
M	21. I certify that (I) (this hospital) attended the deceased from_	, 1950 to 2/ Sept., 196	Z that (I) (we) last
	saw the deceased alive on 25507 1967, and the 22a, SIGNATURE	hat death occurred a M. from the causes and on the	
	2/5 Inow	M.D. ATTENDING MED. STAFF 22b. PATENDING DIRECTOR PHYS. 22b. PATENDING PHYS.	-1/67
	PHYSICIAN'S NAME (Type) Dr. L.B. Snow	7950 N. Hampshire 2ve.	y Park,
23a	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETE	ERY OR CREMATORY 23d. LOCATION (City, town or count	ty) (State)
	Removal 0_22_1067 Cak Hill C	emetery Griffin Ga	
24	FUNERAL DIRECTOR Joseph Gawler Sons	250. REC'D BY REGISTRAR 258. REGISTRAR'S	
	5130 Wisc Ave. N. W. Wosh D.C.	Inc. DATE SEP 27 1967	0

VR A15 (4)

E. E. 1919

	16606	CERTIFICAT	E OF DEATH	127	11		
	PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where deceased lived, if institution: Reside b. COUNTY	ence befare admission)		
5	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	C. CITY OR TOWN (IF OUT)	utside carparate limits, write RURAL and g	ive nearest tawn)		
	d. NAME OF HOSPITAL OR INSTITUTION (If not in has HOLY CROSS HOSP	pital, give street address)	d. STREET ADDRESS	36th AUE	e IS RESIDENCE ON A FARM? YES NO		
3.	NAME OF PIEST PIES	Middle NES bit RIED NEVER MARRIED	Lost 8. DATE OF BIRTH	4. DATE Month OF DEATH 9. AGE (In years IF UNDE	Doy Year 8 1967 R 1 YEAR 1 IF UNDER 24 HRS.		
	m W WIDO	OWED DIVORCED	5/13/2	last birthday) Manths 43 yrs.	Days Haurs Min.		
duri	computer - Supt. U.	IOB. KIND OF BUSINESS OR INDUSTRY S. Government	Washingt	on, D.C.	OUNTRY?		
1	FATHER'S NAME William L. Nesbitt		Minnie	Ruth Fuller			
15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? is, no, or unknown) (If yes give war or dotes of service	A	arcella L.	Nesbitt same a	s above		
	18. CAUSE OF DEATH (Enter only one cause per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ine for (o), (b), and (c).)	failure	2	INTERVAL BETWEEN ONSET AND DEATH		
	Conditions, if any, which gave rise to immediate cause (a). Stating the underlying cause (b) DUE TO	Metasta Adenocai	tic carci	rectum			
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU				19. WAS AUTOPSY PERFORMED? YES NO		
L CERTIFICATION	200 . ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Part f ar Part II of item 18.)					
MEDICAL	Haur o.m.		ACE OF INJURY (Hame, farm ctary, street, office bldg., etc.		aunty) (State)		
21. I certify that (I) (this hospital) attended the deceased from Aug. 15, 1967, to Sept. 8, 1967, saw the deceased alive an Sept. 8 1967, and that death accurred at 10.15 pM, from causes and on the deceased alive an Sept. 8 1967, and that death accurred at 10.15 pM, from causes and on the deceased from Aug. 15, 1967, to Sept. 8, 1967, and that death accurred at 10.15 pM, from causes and on the deceased from Aug. 15, 1967, to Sept. 8, 1967, and that death accurred at 10.15 pM, from causes and on the deceased from Aug. 15 pm. 1967, and that death accurred at 10.15 pm.							
	220. SIGNATURE Saymond B	radshow for	I.D. ATTENDING PHYS.	MED. STAFF PHYS. SEP	T. 8, 1967		
00	NAME (Type) Raymond Bra		345 Unive		ver Spring, Md		
	BURIAL CREMATION, REMOVAL (Specify) DUT 18 9/12/67		In Cemeter	y Prince Georg By Registrar 25b. Registrar's			
24	The S.H. Hines Co.	Washington, D.	C. ZSO. KEC	4 4	Can Yunge		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Page shauld be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any execution 72 hours of Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 25M 1/67

ILISE DEPOSIT OF TAXABLE . 2.0 , as a company dispulse of the same who was weller Brut significant Differ do an Elizabeth Percente L. Asebith some a sown and the second - 141/ La manus contain late The same of the transmission of the same o the state of the s and all transport senting to the state of the transport the

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and 2

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death.

Page 4 moy be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

12712

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY
a. COUNTY Montgomery MARYLAND	o. STATE Maryland b. COUNTY Montgomery
b. CITY OR TOWN (It autside carporate limits, C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)
write RURAL and give nearest town) Olney	Brookville /5 /
d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)	d. STREET ADDRESS 6 IS RESIDENCE 6 N A FARM?
Montgomery General Hospital	Gregg Road YES NO A
3. NAME OF First Middle DECEASED (Type or print) Samuel Penland	Nichols 4. Date Month Day Year Nichols OF Sept. 21 1967
S. SEX Male Mhite Midowed Divorced	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. yrs.
10b. USUAL OCCUPATION (Give kind of work done during nost of working life, eyen if retired) 10b. KIND OF BUSINESS OR Lawyers Title Co.	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Allen Nichols	Marie Wildman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give war ar dates of service) 5 79-26-7571	Med.Records MGH Hospital
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) TERMINATE	FULMONARY ONGESTION ONSET AND DEATH
1450 DUE TO M	transmit I washing a H
Conditions, if any, which gave rise to immediate cause (a),	TRACHEO-LARYNGAEL MONTHS
stating the underlying cause DUE TO SQUAHOUS (EL	L (ARRINOMA TONSIL 18 Mo
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES \(\begin{array}{c} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
OR CONTRIBUTING CLAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)
	LACE OF INJURY (Hame, farm, actory, street, office bldg., etc.) (City or town) (County) (State)
21. I certify that (1) (this haspital) aftended the deceased fram_saw the deceased alive an 9130 1967, and the	and death accurred a 2:35am, from causes and an the date stated abave.
220. SIGNATURE	M.D. ATTENDING MED. STAFF 225. DATE SIGNED 9-31-67
28 PHYSICIAN'S DONALD R. LEWIS, M.D.	700 CLOVERLY STREET, SILVER SPRING, MD.
230. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY O	The state of the s
Burial yezyeof Gate of Mes	
24. FUNERAL DIRECTOR ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Francis H. Barber Laytonsville, Md	DATESEP 25 1967 VCharley Jupitach

Japan and Marine Statistics with the standard and the . . . Burish 9-23-57 Cate of Power Stiver Spring, Hones Note in active that a cold of cineral

MARYLAND STATE DEPARTMENT OF HEALTH F STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admission) e. COUNTY e. STATE b. COUNTY TONTGON ER Maryland Montgomery c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) b. CITY OR TOWN (if oulside corporate limits. write RURAL end give neerest lown) Rockville, Md. Rockville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 11403 Grayling Lane YES NO 3 11403 Grayling Lane 3. NAME OF Middle DECEASED OF DEATH (Type or print) IF UNDER 24 HRS. Carbon 9. AGE (In years | IF UNDER 1 YEAR MARRIED | NEVER MARRIED last birthdey) and Months Days December physician 1De. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? remove (County & State, or loreign country) done during most of working life, even If retired; Electric US Price quotations Washington, DC 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME mease m attending John Joseph Nicro Mary T. Barzoni 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Then 16. SOCIAL SECURITY NO. oval, [Yes, no. or unkown] | (Ifyesgivewerordetesofservice) Mary T. Niero, 59/Adams St., NW, DC 1951-1955 attending physician. as been signed by the mit. 18. CAUSE OF DEATH [Enter only one couse page INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY Der 0 IMMEDIATE CAUSE (a) burial-transit DUF TO Conditions, if any, which (6) certificate has been geve rise to immediate ceuse DUE TO (a), steting the underlying ¥. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? 92 NO . USE 20b. DESCRIBE HOW INJURY OCCURED, (Enter netura of injury in Pert I or Pert II of item 18.) 20e, ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH Po Health 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, form, (Slate) 2Dc. TIME OF INJURY 2Df. (City or town) (County) Month, Dey, Yeer factory, street, office bldg., etc. While Not While Hour a.m. at work at work CIOR: 8 (I) (this hospital) attended the deceased from........ M, from the causes and on the date stated above. pino and that death occured at saw the deceased 22b. DATE 22e. SIGNA ATTENDINA MED DIRECTOR PHYS. PHYS. O HOSPITAL death. Page 4 22c. PHISICIAN'S Georgetown Ad. NAME (Type) Robert T. Thibadeau 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Washington, DC OH Rock Creek Cemetery 11 Sept. 1967 20012 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 TUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60

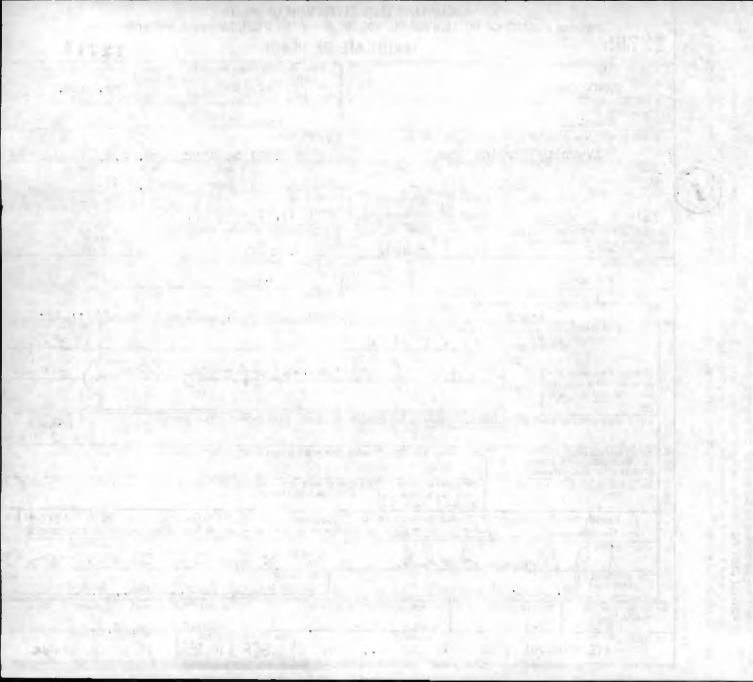
Value to the training one this are could Land I and a second W / pickfish - 1 Determine 1925 31 1954-1950 PERSON NEW TONE OF SHIP A VILLE FEEL PERSON NEW TENE PERSON NEW TONE OF SHIP PERSON NEW TENE PERSON The said of the sa the spin con real section, and the Come source of the first of the second line of the second MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

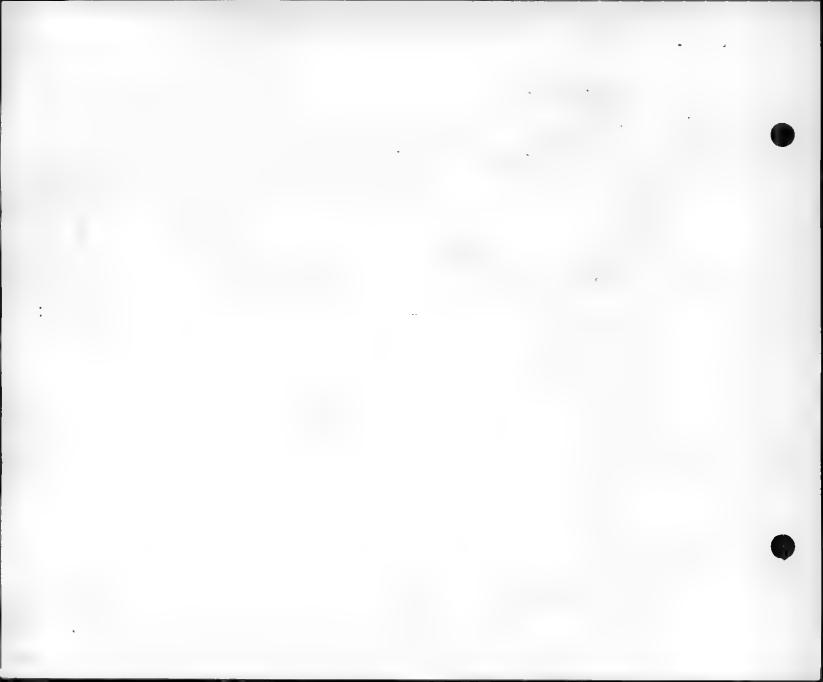
Arrest	2705			CERT	IFICATE	OF DEATH	·		12	271	4	
	PLACE OF DEATH					2. USUAL RESIDENCE (Where deceas			nce befor	re odmissi	on)
	Mon'	tgomery		Mi	ARYLAND	Mary Mary	yland	b. COU		. Ge	30.	/
	. CITY OR TOWN (If autside corporate limit	S,	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (If au	tside carpora	ate limits, write RU	RAL and giv	e neare:	st town)	
	White RURAL one	d give negrest town) aton				Oxor	h Hill				16	1
	. NAME OF HOSPIT	AL OR INSTITUTION (If n	at in hospital, g	give street address)		d. STREET ADDRESS					e. IS RESI	DENCE
	Uni	versity Nur	sing H	ome		140	Sout	hern Ave	SE		ON A F	NO TO
	NAME OF		irst	Middle		Last	4. DATE	Man		Day	/ Ye	ar
	DECEASED (Type or print)	EN	III.	- man	NO	TOVITZ	OF DEATH	Sept	. 17	7	19	67
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARR	IED I	B. DATE OF BIRTH	9	AGE (In years	IF UNDER		IF UNDE	R 24 HRS
	Male	White	WIDOWED	DIVOR	CED 🔲	June 15, 18	396	last birthdoy)	Months	Doys	Hours	Min.
10a	USUAL OCCUPATION	(Give kind of work dane		ND OF BUSINESS OR		11. BIRTHPLACE (County	& State, or fa	reign country)	12. 0	TIZEN O	F WHAT	
duri	ng most of working	life, even if retired)	IN	Bakin	D,	Hungar	TV.		((USA 7	,	
	FATHER'S NAME				0	14. MOTHER'S MAIDEN		-				
	unk	nown				un kno	75.07					
1\$.	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO	17. 1	NFORMANT	D MIT	Addr	955			
(Ye	s, no, or unknown)	(If yes give war or dates	of service)	nknown	For	mest Nash	1001 T	OMBILE To	!	irl.	, Va	
N	1930 Conditions, if ony rise to immediat stating the unde last.	e couse (p), rlying couse	TO (b) C	REM O DEATH BUT NOT I	B	TAIL (A	FOC	EN IN PART I(g)	Paston	9	WAS AUTOPERFORM	nas
MEDICAL CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY	OCCURRED.	Enter nature of injury in	Part I ar Par	rt II of item 18.)			ES 🗀	NO P
MEDICAL	20c. TIME OF INJU Hour o.r p.r	URY Manth, Doy, Year m. 19	20d. II While at warl			E OF INJURY (Home, farmary, street, office bldg., etc.)		(City or town)	(Co	unty)		(State)
	saw the d	fy that (1) (this ha eceased alive an_	spital) atten	ded the decease	d from 4 , and that	death accurred at	3A N	na 9-18 A, fram causes	and an t	the dat		
	22a. SIGNATURE	1/40	ud	all	м.	7 117 102	MED. DIRECTOR	STAFF PHYS.	22b. C	ATE SIGN	15-6.	7
	22c. PHYSICIAN'S NAME (Type	Dr. Sanfo	rd Rano	dall		22d. ADDRESS 3000 Ves	zey T	err. Wa	sh.,	D.G.		
230	BURIAL, CREMATIC REMOVAL (Specify	ON, 23b. DATE TH		23c. NAME OF CE				CATION (City or To	e N	(County		itote)
24	. FUNERAL DIRECTO Goldberg	R		ADDRESS 217 9th S		2Sa. REC'I	D BY REGISTR	RAR 25b TR	GISTRARS		RE	د

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove cachon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removed, and in any event, within 72 hours often death. **10 HOSPITAL OR ATTENDING PHYSICIAN:** The low requires that the deoth certificate be executed within 24 hours ofter death Page 4 may be retained by the haspital or ottending physicion.

VR A15 (4) 20 M 1/66



)- I	Items 18&21 Film 393 MARYLAND STATE DEPARTMENT OF HEALTH 10-9-67 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	12708 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12715
HEALTH DEPT!	1 PLACE OF DEATH a COUNTY b COUNTY b COUNTY b COUNTY
y delay is 2, and 3 to PM3. Page	b CITY OR TOWN (If outside carporate limits, write RURAL and give patiest tawn) c LENGTH OF STAY IN 1b c EITY OR TOWN Universide carporate limits, write RURAL and give patiest tawn)
	d NAME OF HOSPITAL OR ANS TITUTION (If not in hospital, a ve street address) d STREET ADDRESS e SRESIDENCE
th If gas 1, form form	Subicition Hosp 11801 Farmland as, VES NO
after death If of Signal Signa	3. NAME OF DECEASED (Type or print) Ruth Puth Collaboran DEATH Sept 2/ 1967
after 18. Give alang with the	S SEX 6 (O. OR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE IN YOURS IF UNDER 1 YEAR IF UNDER 24 HRS Jest birthday) WIDOWED DIVORCED 3/2/3 SEX Page 19 AGE IN YOUR SEARCH YES MAIN WIDOWED DIVORCED 3/2/3 SEX PROPERTY OF THE PROP
24 haurs on them 18 er's Office of size Immd2 vafter death	Oa USUAL OCCUPATION (Give kind all work dane light KIND OF BUSINESS OR 11 BARTHPLACE (State or fareign country) 12 (ITIZEN OF WHAT COUNTRY?
hin 24 nici in l niner's l pagils l	13 FATHER'S NAME USA 14 MOTHER'S MAIDEN NAME USA
ed within in penci Examinei Examinei Eile page	Allyn, King Renwick Grace White Is WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address
executed inding' in Medical E permit. F	(Yes, no, or unknown) (If yes give war ar dates of service) 167-05-5723 Daniel O'Halloran-son-bl3 Furial St.
ishauld be executed within 24 he word pending' in penci in to the Chief Medical Examiner's burial-transit permit. File pagas in any event within 72 hours after	IB CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (b) INTERVAL BETWEEN ONSET AND DEATH
shauld be en word per a the Chief. burial-transit any event in any event	Canditions, if any, which gave) (b) Cerebral arteriosclerosis
s certificate shauld e, writing the word farwarded to the Cl used as a burial-tro haval, and in any ev	stating the underlying couse DUE TO
certificate , writing the arwarded to used as a langual, and in	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) 19 WAT AUTOPSY PERFORMED?
er en	YES NO [
	B PRIMARY □ or CONTRIBUTING □ CAUSE OF DEATH
the 4 s and 1 fee 3 e 3	20c TIME OF IN.JRY Manth, Day, Year Haur a.m. P. m. 19 20d INJURY OCCURRED 20e PLACE OF IN.JRY (Hame, farm. 20f (City ar tawn) (Lounty) (State) factory, street, office bldg, etc.)
x x x x x x x x x x x x x x x x x x x	21 I certify that I took charge of the remains described above held an Autopsy , Inspect on , Inquiry , and in my opinion
JTY MEDIC. Ty. please e eral director be retained AL IEICT prior to burn	ACTIVAL CHIEF MEDICAL EXAMINER
TO DEPUTY MEDICA necessary, please e the funeral director 5 may be retained TO BUNIEAL BEICH Health prior to burn	SIGNATURE AND ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUT
O DEPUTY necessary, if the funeral s may be r to EUNITAL Heafth pria	NAME (Type) B-LOEN / ETAD M. D. Add (S. C.
5 = = 20 =	Burking Market 19/23/67 Calvery Pittsburg Park Stock Rare Signature Park Stock Rare Signatur
VR A15ME (5) 6M 1/67	Tysen Diwheeler Funeral Home Rockville, Mary Land SEP 25 1967

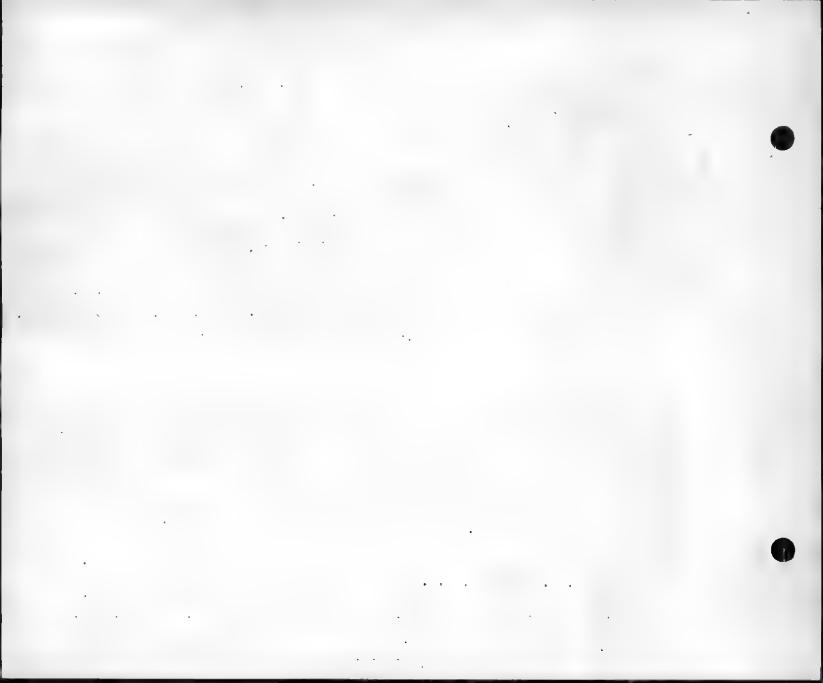


12801	CERTIFICATE	OF DEATH	12	2716
1. PLACE OF DEATH O COUNTY		2 USUAL RESIDENCE (V	Where deceased lived, if institution b COUNTY	Residence before odmission)
Montgomery	MARYLAND	Virgii	าร์ล	√
b, CITY OR TOWN (if outside corporate limits,	c LENGTH OF STAY IN 16	c CITY OR TOWN (IF au	tside corparate limits, write RURAL	and give nearest tawn)
write RURA, and give nearest town) Bethesda (rural)	43 days	Alexan	odri n	,
d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, of		d STREET ADDRESS	IMITH	e IS RESIDENCE
Naval Hospital		F73.2 G-3.	2 4	ON A FARM? YES NO X
3 NAME OF First	Middle	Lost	Cax Avenue 4. DATE Month	Doy Year
DECEASED	Elizabeth	OLSON	OE .	•
(taba or built)				nber 24 1967 FUNDER 1 YEAR IF JNDER 24 HRS
Powelle O		8 DATE OF BIRTH	inst hirthday) M	lanths Days Hours Min.
Wilder	DIVORCED	June 7, 192		
	ND OF BUSINESS OR Dustry	11 BIRTHPLACE (County	& State or foreign country)	12 GTIZEN OF WHAT COUNTRY?
Housewills in an ed)	DOJIKI	Birmingham,	, Alabama	USA
13. FATHER'S NAME		14 MOTHER'S MAIDEN I		
Boyd Nakivell		Ann Bost	rom	
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 :	SOCIAL SECURITY NO 17	NFORMANT Alexa		Virginia
(Yes, no of unknown) (If yes give wor or dotes of service)			Olson, USN, 57	ATT RITHTS
		on Descer D.	OTROU, ORM, D	NTERVA, BETWEEN
18 CAUSE OF DEATH (Enter only one cause per line for PART I DEATH WAS CAUSED BY	(0), (b) and (c))	the colon t	with widespread	ONSET AND DEATH
IMMEDIATE CAUSE (a) ACC			ATOM MINCOPPICAN	
DUE TO	me ca	stases		
Conditions, if any, which gave (b)				
stoting the underlying couse DUE TO				
lost (c)				
PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COP	IDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY
				PERFORMED? YES POC NO
200 ACC DENT WAS UNDER YING 200 ACC DENT WAS UNDER YING 200 DE	SCRIBE HOW INJURY OCCURRED	(Enter nature of injury in	Part or Part II of Item 18.)	
☐ OR CONTRIBUTING □ CAUSE OF DEATH		(
(IF EITHER, NOTIFY MEDICAL EXAMINER)	NJURY OCCURRED 20e PLA	CE OF INJURY (Home, form	, 20f. (City or town)	(County) (State)
⊕ Hour a.m. While		ary, street, affice bldg., etc.)		(cooliny) (sione)
p.m. orwan	k 🗀 ai work 🔲			
21. I certify that (14 (this haspital) attends saw the deceased alive an Sept. 2	ded the deceased fram_A	August 10 . 1	9 67 . to Sept . 24	_, 19_67that (1); (we) la:
saw the deceased alive an Sept. 2	24 19 <u>67,</u> and tha	t death accurred at	120P M, fram causes and	
220 SIGNATURE		ATTENDING -	MED STAFF	22b. DATE SIGNED
VIOU. Olagille	<i>></i> − M1	D PHYS	DIRECTOR PHYS K	Sept. 25,1967
22c PHYSICIAN'S NAME (Type) R. W. VIRGILIO,	M D	22d ADDRESS		
NAME (Type) It . W . VILLO ADICO	11000	Naval Ho	spital, Bothesd	n Md
230 BURIAL, CREMATION, 23b DATE THEREOF	23c NAME OF CEMETERY OR		23d LOCATION (City or Town)	
REMOVAL (Specify) 9/27/67	Arlington I		Arlington,	
24 FUNERAL DIRECTOR & MICHIGANA O	22390/14	2So REC'I	BY REGISTRAR 256 REGIS	
Murphy Funeral Home 3524 (Columbia Pike	DANSER	28 1967 256 REGIST	carles judges
Andrew Andrew	ton, Virginia	UAIP		

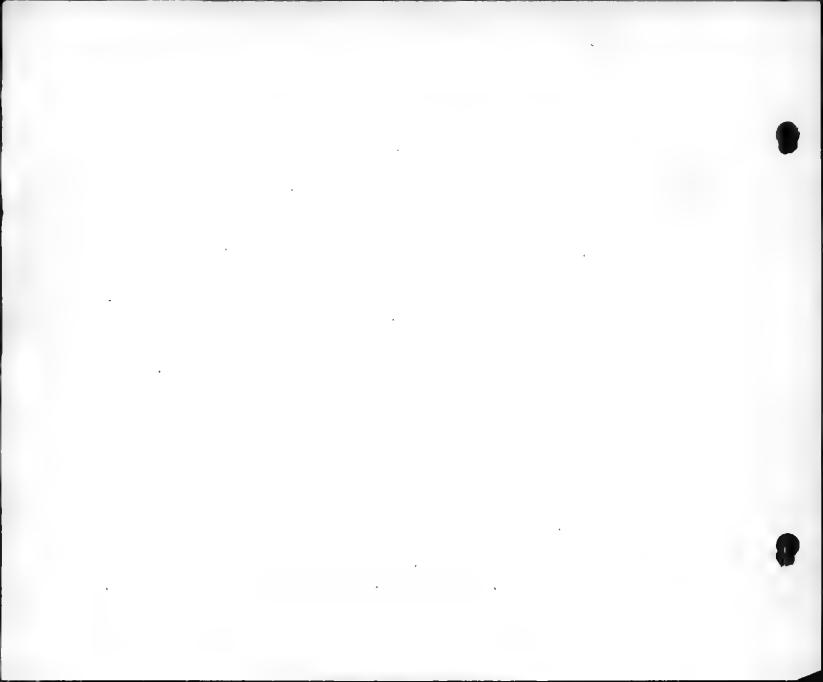
TO MOSTITIE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or ottending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physic an and completely director, page 3 should be detached far use as the burial-transit permit. Then please remove cyclos should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in ony everit.

VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) b. COUNTY 3 to death. Page MARYLAND deloy Deportment CLENGTH OF STAY IN 16 autside_corporate limits write RURAL and give nearest town) puo after S RESIDENCE ON (If not in hospital, give, street address) d STREET ADDRESS along with farm 8. Give Poges This certificate should be executed within 24 hours ofter death NAME OF Middie DATE Month Lost Doy Year DECEASED OF DEATH 196 (Type or print) YFAR IF LINDER 24 HRS SEX AGE (In years 7 MARR ED NEVER MARRIED Wil ₹ Months Hours (Dy b phdoy) Days WIDOWED DIVORCED lond2 Office event 105 KIND OF BUSINESS OR (State or foreign country) 12 CITIZEN OF WHAT t of working life even if retired) YND in pencl in pages in any Chief Medical Examiner s 13. FATHER'S NAME <u>ال</u> pup WAS DECEASED EVER IN U.S. ARMED FORCES? permit. (Yes, no or unknown) (If yes give wor or dotes of service) pending or removal CAUSE OF DEATH (Enter only one couse per INTERVAL BETWEEN ONSET AND DEATH buriol-tronsit PART I. DEATH WAS CAUSED BY MMEDIATE CAUSE (o) used as a buriol-train burial, cremotion, a please execute the certificate, writing the word DUE TO the Conditions, if any, which gove 0 rise to immediate couse (a), DUE TO stoting the underlying couse forworded lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? YES NO þe 0 should be 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJERY OCCURRED (Enter noture of injury in Part I or Port II of Item 18) prior 3 should PRIMARY Or CONTRIBUTING AL EXAMINER: CAUSE OF DEATH. ogent, 20e PLACE OF INJURY (Home, farm (State) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or town) (County) factory, street office bldq etc.) Haur om While Nat While may be retained for your FUNERAL DIRECTOR: Page Page of work of work designated 21. I certify that I took charge of the remains described above-keld an Autopsy Inspection 🔀 ond in my opinion the funeral director. death resulted from Noturol_couses X Homicide Undetermined monner CHIEF MED CAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER **SIGNATURE** DEPUTY necessory, Health or **EXAMINER'S** NAME (Type) CREMATOR BUR AL CREMATION 230 0 REMOVAL (Specify) FUNERAL DILECTOR REG STRAR & SIGNATURE Charles VR A15ME (5).4 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12718 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH b COUNTY Montgomery o COUNTY Page Montgomery ment of MARY, AND delay c (TY OR TOWN (If outside comporate in its write RuRAL agailig ve nearest town) CLENGTH OF STAY IN 16 b CITY OR TOWN (I outside corporate limits. puo 2, ond PM3. STIVER OF THE RE 2 നർ S.S. approx. d STREET ADDRESS d NAME OF HOSPITA, OR INSTITUTION (I not in hospital give street oddress) "legical Examiner's Office olang with farm 11200 Lockwood Drive Pagms NO eath NAME OF Middle DATE Month DECEASED OF Morris 9 24 167 Ostrofsky (Type or print) DEATH IF UNDER 24 HRS permit. File pages land2 with SEX B DATE OF BIRTH IF UNDER 1 YEAR 6 COLOR OR RACE 9 AGE (In years 7 MARRIED NEVER MARR ED orthdoy) Months 6/18/xxx 1909 WHITE MALE WIDOWED D YORCED haurs after death 100 JSUAL OCCUPATION (Give kind of wark done IND K ND OF BUSINESS OR 11 BiRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life even freties) COLINTRY ? US WESTINGHOUSE Russia e≣ecuted within 24 Mother's Maiden Name Dora Varlinski .3 FATHER'S NAME penci OSTROFSKY Adher 5 IS WAS DECEASED EVER NUS ARMED FORCES? 17 INFORMANT 16 SOC At SECURITY NO Address (Yes, no, or unknown) [(If yes give wor or dates of service) punding w thin 454-03-0154 Ruth Goodman 11200 Lockwood Drive no INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for burnal-transit farwarded to the Chief event PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) writing the word DUE TO Ony Conditions, if ony, which gove rise to immediate couse (a). = DUE TO stoting the underlying couse 0 and be used PART I OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. DISEASE CONDITION GIVEN IN PART 110 cremation, ar remaval, WAS AUTOPSY PERFORMED? fixate, NO be 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part or Part 1 of item 18 i 3 shauld PRIMARY I or CONTRIBUTING I shomld CAUSE OF DEATH 20e PLACE OF IN. URY (Home, farm, (Slote) 20c TIME OF INJURY Month, Doy, Year 20d NURY OCCURRED (City or town) (County) Hour o.m. factory, street, office bldg, etc.) While Not While may be retained far your FUNERAL DIRECTOR: Page ot work at work 21. I certify that I took charge of the remains described above teld an Autopsy. Inspection and in my apinion the funeral director. death resulted from Natural causes Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL Health prior SIGNATURE EXAMINER'S NAME (Type) ((ounty)

BROS. INC. 6010 REISTERSTOWN

PENNSYLVANIA

PITTSBURG.

VR A15ME (5) 6M 1/67

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BURI

24 FUNERAL DIRECTOR # .

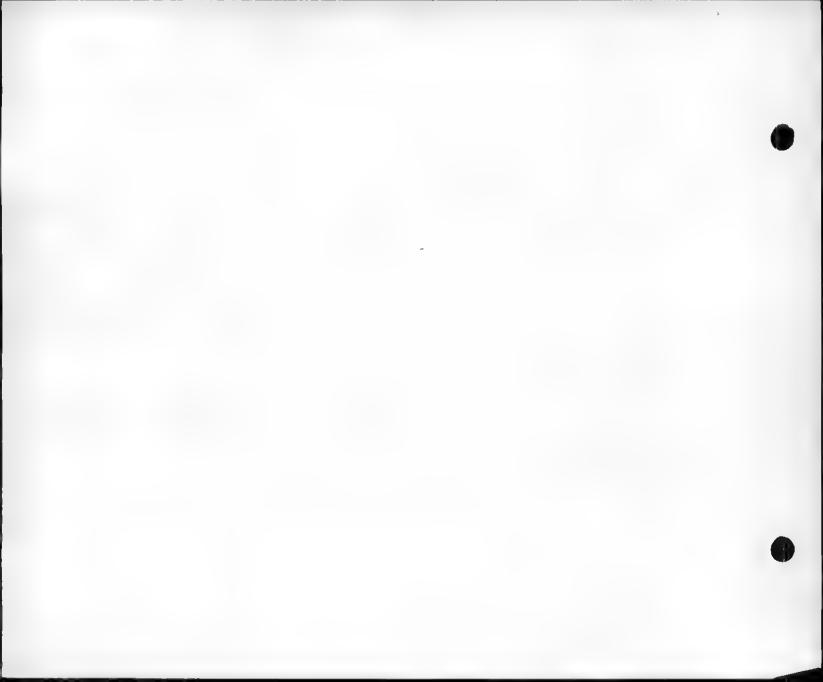


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 12710 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. funeral 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission). PLACE OF DEATH COUNTY b. COUNTY Montgomery Maryland MARYLAND E LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits, c CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) Bethesda, (rural) an papers Pag within 72 haurs 7 days District Heights d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) .⊑ d STREET ADDRESS Parkway ON A FARM? filled Naval Hospital Apt. 2. 7604 District Heights YES NO R camplet**ely** fi nove carban p NAME OF First Middle Last DECEASED Evangeline event, **PARSONS** (Type or print) September DEATH 9. AGE (In years IF UNDER I YEAR IF LINDER 24 HRS S. SEX 6 COLOR OR RACE 7. MARRIED 8 DATE OF BIRTH **NEVER MARRIED** remove iest birthday) Months Days Haurs March 31, 1915 WIDOWED DIVORCED duo Female Cauc. pup 10g JSUAL OCCUPATION (Give kind of work done TOP KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT and in during most of working life, even if retired) INDUSTRY COUNTRY? physician Massachusetts USA 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME remayal Emanuel Anderson Alexandria Hukka Districts Heights Md. Apt. 2 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war ar dales of service) 540 16 ь Harold L. Root 7604 District Heights Pkwy 3956 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I DEATH WAS CAUSED BY. HYPERTENSIVE CARDIO-VASCULAR DISEASE IMMEDIATE CAUSE (a) signed by **DUE TO** Canditions, if any, which gave ENCEPHALOMALACIA OF THE BRAIN rise to immediate cause (a). DUE TO stating the underlying cause as the has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) WAS AUTOPSY PERFORMED? CERTIFICATION YES (X) NO certificate 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (State) (City or town) (County) Haur 'a.m. factory, street, office bldg., etc.) Not While at wark 21. I certify that (4) (this haspital) attended the deceased from August 31 . 1967 to Sept. 7 . 1967, that (2) (we) lost shauld be retained saw the deceased alive an Sopt. 7 1967, and that death occurred at 840AM, from causes and on the date stated above TO FUNERAL DIRECTOR: 220 SIGNATURE 226 DATE SIGNED STAFF 11 Sept. 1967 LT P. T. KIRCHNER M.D DIRECTOR director, page should be filed 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Naval Hospital. Bethesda. Md. P. T. KIRCHNER 230 BUR AL, (REMATION 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) CHOYAL STEPLY On Lee Crematory Washington, D. C. 24 FUNERAL DIRECTOR Lee Funeral Home ADDRESS D. C. 25b REGISTRAR'S SIGNATURE 25a REC'D BY REGISTRAR VR A15 (4) 25M 1/67 4th and Massachusetts Ave., N.E. Washington



	-661X	CERTIFICATE	OF DEATH		12720
	CE OF DEATH			Where deceased lived, if institution R	esidence before admission)
o. ((OUNTY Montgome	erv maryland	o. STATE	w York b. COUNTY	✓
b. C	TY OR TOWN /IF outside corporate limits	C LENGTH OF STAY IN 16		itside corporate limits, write RURAL a	nd give neorest town)
V	write RURAL and give nearest town) Bethesda	51 Days	Binghar		1.6.
d N	AME OF HOSPITAL OR INSTITUTION (If not in 1		d STREET ADDRESS	REOTI	e IS RESIDENCE
				ahan Ctmast	YES NO X
3 NAA	Clinical Center, Be	Middle	Lost	ther Street A DATE Month	Dov Yeor
DEC	FASED			OF	· ·
S SEX	e or print) Frank 6. COLOR OR RACE 7 A	Stephen MARRIED NEVER MARRIED XX 8	Pasky DATE OF BIRTH	9. AGE (In years L.F.	er 28 1967
				lost birthday) (No.	nths Doys Hours Min
	WILLOC	IDOWED DIVORCED 3	December '		12 CITIZEN OF WHAT
during n	UAL OCCUPATION (Give kind of work done most of working life, even if refred) Thipping Clerk	IDE KIND OF BUSINESS OR INDUSTRY	, ,	,,	COUNTRY?
	HER'S NAME		Mary.		USA
IO. TAI			14. MOTHER'S MAIDER		
15 144		iszkiewicz T 16 social security NO. T 17 U	UFORM BANK	Catherine Kuc	
Yes, no	AS DECEASED EVER IN U.S. ARMED FORCES? o, or unknown) (If yes give wor or dates of serv			edical Records	
	es WWI & WWII		Clinical (Center, Bethesda	
18	CAUSE OF DEATH (Enter only one couse pe PART I, DEATH WAS CAUSED BY:				INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (o)	Bronchopneumonia			ONSET AND DEATH
	₹ ₹ 1. 1 DUE TO				
	nditions, if ony, which gove (b)	Infarction right of	erebral her	misphere	60 hours
sto	ting the underlying couse DUE TO				
as	<u>t.</u> (c)	Systemic Amyloidos			18 months
≥ PA	RT II OTHER SIGNIFICANT CONDITIONS CONTRI	IBUTING TO DEATH BUT NOT RELATED TO T	he terminal disease coi	ND TION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED?
CERTIFICATION	Acı	ute Renal Failure			YES NO
<u>₹</u> 20¢	ACCIDENT WAS UNDERLYING	20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in	Port I or Port II of item 18)	
	CONTRIBUTING CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER				
MEDICAL 50	TIME OF INJURY Month, Doy, Year		E OF INJURY (Home, form		(County) (State)
WEL	Hour 'a.m. 19	While Not While of work	ory, street, office bldg., etc.)	
	21. I certify that (4) (this haspital		August .	19 67 to 28 Sept.	19 67, that (N (we) last
	saw the deceased alive an 28	Sept. 19 67, and that	death accurred at	8:00 M, fram causes and	an the date stated above
22	20. SIGNATURE				2b. DATE SIGNED
	N. Bender Katte	ion, HD. M.D.	ATTENDING PHYS	MED. DIRECTOR PHYS. STAFF PHYS. 2	28 Sept. 1967
22	c. PHYSICIAN'S		22d. ADDRESS T1	ne Clinical Cente	
	NAME (Type) H. Benfer Ka	altreider, M.D.		es of Health, Bei	*
	LRIAL, CREMATION, 23h DATE THEREOF			23d - QCATION (City or Town)	
	EMOVAL (Specify Cost 2-	67 Holy KA	anul	Jonnall K	IV KA
	INERAL DIRECTOR	ET THE ANNESS OF	250 REC		AR S SIGNATURE
3	8-75SKU-1730	Casem Leve,	DATE	ICT 3 1967 &C	lianles Judges
	•		NAME OF		1/1 ()

/ Pages | and 2 ours after death. TO HOTTITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely fillude in director, page 3 should be detached far use as the burial-transit permit. Then please remave carban paper should be filed with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72 Page 4 may be retained by the Easpital ar attending physician. VR A15 (4) 25M 1/67

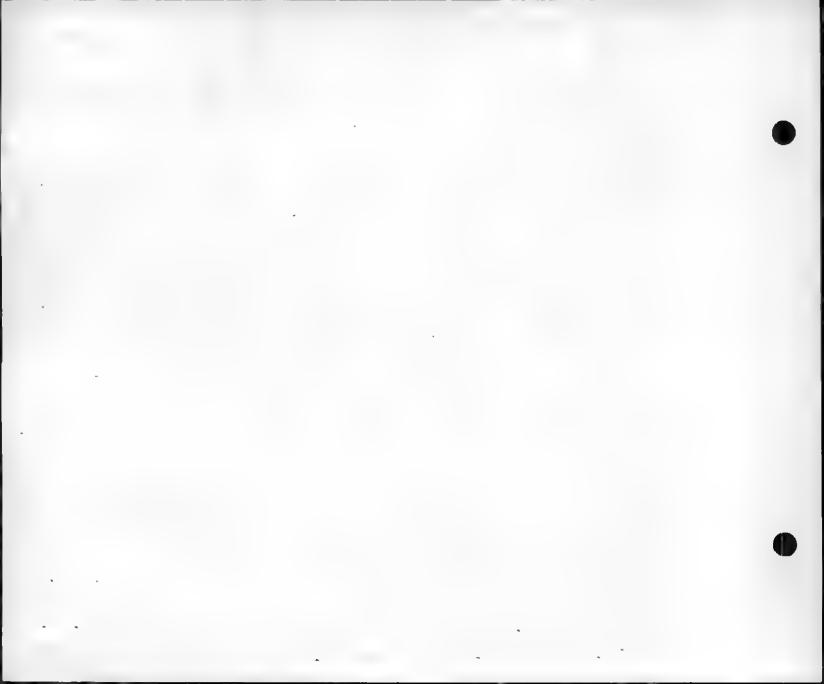


12712

MARYLAND STATE DEPARTMENT OF HEALTH

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	**				AKIMENI OF HEALIH		
			DIVISION OF	VITAL RECORDS, 301 W. PRESTO	ON STREET, BALTIMORE, I	MARYLAND 21201	
	FOR STATE		12/14	MEDICAL EXAMINER'S	CERTIFICATE OF D	EATH	12721
4	HEALTH DEPT.	1	PLACE OF DEATH		2 USUAL RESIDENCE (Where	deceased lived if astitution	Residence before admission)
1	0		COUNTY		o STATE	. b COUNTY	1
	3 + c		Montgonery	MARY, AND	C CITY OR TOWN (If Guts de c	nd Mo	ntgomery
	and		CITY OR TOWN (Jourside corporate limits write RURAL and give neares) (2001)	c LENGTH OF STAY N Th		orporote limits, write RURAL o	and gild nearest town
	y delay in and 3 the PM3. Pag		TAKOMA PARK	2/2 krs	Silver Sp	Rina	151
•	2, 2 m		NAME OF HOSPITAL OR INSTITUTION (If not n	hospital give street oddress)	d STREET ADDRESS		e IS RES DENCE
-	H S C O O O O O O O O O O O O O O O O O O		Washington Sanita	D. J. D D.	411 Silver	San Aug	ON A FARM? YES NO F
	Pages 1, 2, and 3 the form PM3. Page State Department of	7	NAME OF FIST	Hude C NESTITES	Lost 4 D	ATE Month	Dov Year
	De		DECEASED	, midd e		OF PEATH 9	
	in the second	_		RANKlin YEA			27 1967
	音句题 诗儿	5			8 DATE OF BIRTH		UNDER 1 YEAR IF JNDER 24 HRS
	4 haurs after of them 18 Gives office of the first of the		T VUILTE	VIDOWED DIVORCED D	11-25-15	5" \ YIS	
	ffrc de	10c	JSUAL OCCUPATION (Give kind of work done	106 K ND OF BUSINESS OR	11 BIRTHPLACE (State or for	eign country)	12 CITIZEN OF WHAT
	s o s	dur	ng most of working life, even if retired)	WAITER Reed.	P MARylan		COUNTRY?
	n 2 nl rr nges af	13	FATHER S NAME	TOTALLER WETTE.	14 MOTHER'S MAIDEN NAME	504	Tricelel
	mir po po nurs		01 -1- 0.	12		11	
	Example 1	15	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17	INEUDMANT 12	Hammett	1 11 77 7.
	red of " in	(Ye	sino, or unknown). (If yes give wor of dotes of sen		TELEN D LE	ACOCK (Salm	711.00)
	ecu ling edic errr thir		yes WW2	3 19-16-3171	- PAYTENT'S	C.NART	(HO21)
	INER: This certificate should be "xecuted within 24 hours after death e certificate, writing the ward "pending" in pencil in Item 18. Give Page should be farwarded to the Chief Medical Examiner's Office rong with files. 3 should be used as a burial-transit permit. File pages land with the Statition, ar remayal, and in any event within 72 hours after death.		RAT I DEATH WAS CAUSED BY	er line for (o), (b), and (c)		1111	INTERVAL BETWEEN ONSET AND DEATH
	hiel ans		IMMEDIATE CAUSE (o)	Clarke Core	nary Ins	ufficies	C
	ord ord ord ord ord ord ord ord ord ord		4201 DUE TO	0	1/1/	U.W m >	
	orte and	1	Conditions, if ony, which gove (b) inse to immediate cause (c),	Commune (1	stem He	ent XVIIs	auzo
	the the cap		stoting the underlying couse DJE TO				
	ificate should fing the war orded to the l as a burial-l and in any e		los1 (c)_				
	war war ed	ļ.,	PART I OTHER SIGN FICANT CONDITIONS CONTR	BUTING TO DEATH BUT NOT RELATED TO	THE TERM NAL DISEASE CONDITION	N G VEN IN PART !(a)	19 WAS AUTOPSY
	far far may	110					PERFORMED?
	Thr cat be be learned	100	200 EXTERNAL CAUSE WAS PRIMARY □ OF CONTRIBUTING □	20b DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Port I	or Port II of term 18)	
	INER: This certificate, writs should be farwar files. 3 should be used itan, ar remaval, itan, ar remaval,	CERTIFICATION	PRIMARY To r CONTRIBUTING CAUSE OF DEATH		1 /		
	EXAMINER: tute the cert age 4 shauld your files. Page 3 shau crematian, a	MEDICAL	20c TIME OF INJURY Month Doy, Year	20d INJRY OCCURRED 20e PLA	CE OF INJURY (Home form	201 (City or town)	(County) (State)
		1034	Hour o.m.	While - Not While - foc	tory, street, office bldg., etc.)	(41) 4 (41)	(2.2.4)
	L EXA ecute Page ar you R: Pag I, crem		p.m. 19	of work at work		ba-man.	n=10
	Po Po Par JR:		21. I certify that I taok charge of				<u> </u>
4	E C C E E C		death resulted from. Natural co	iuses 🔀 Agridoni 🔲, Suid	ide 🔲, - Ham cide 🔲,	Undetermined mann	ner
	MEDIA please direct direct cetaine DIREC		ACTUAL // Dallo		CHIEF MEDICAL EXAM	NER	DD D470 C444-D
	ITY MEDICAL EXAMINER: This certiny, please execute the certificate, writeral director Page 4 should be farwan be retained far your files. RAL DIRECTOR: Page 3 should be used prior to burial, cremation, or remaval,		SIGNATURE / / / / / /	1001	2 M D ASSISTANT MEDICAL E.		22. DATE SIGNED
	DEPUTY MEDICA necessary, please er the funeral director S may be retained D FUNERAL DIRECTO		EXAMINER'S O O O	1 Starton	A DEPUT MEDICA SXA		27-1962
	ESS TO PER ST	_	NAME (Type) BELDEN	XIXEMP	(41/) Added (FABALL)		7//0/
	no DEPUTY MEDICAL EXAM necessary, please execute the the funeral director Page 4 5 may be retained for your O FUNERAL DIRECTOR: Page beauth prior to burial, crema	230	BURIAL, CREMATION, 23b DATE THEREOI			3d LOCATION (City or Trwn)	
	= = 1		Burial Sept. 30	1967 Fort Linco	In Cemetery	Prince Geor	ges Co. Md.
	VR A15ME (5)	II.	FUNERAL DRECTOR AND BOTH	mas 8434 Ageorgia A	venue 250 RECD BY R	EG STRAR 256 REGIST	RAR S S GNATURE
	6M 1 67	10	hn B chongs the Onder	mas 8434 Georgia A c. Silver Spring.	Md. DAQCT 2	1967 gold	arles Judge



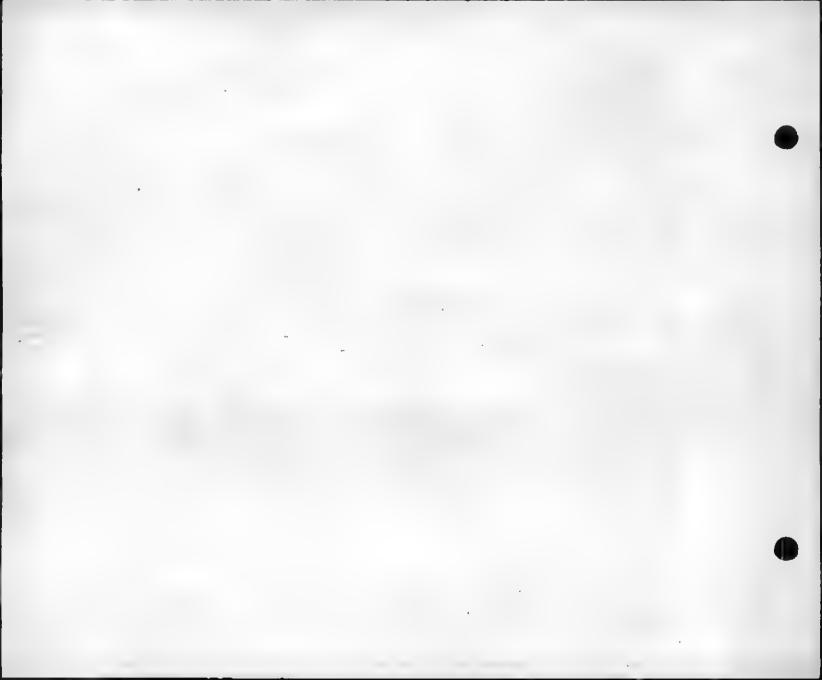
MARYLAND STATE DEPARTMENT OF HEALTH

	Division of STATISTICAL RESEARCH AND	RECORDS, 301 W.			21201
071	2	FRTIFICATE O	F DFATH	1	2722

12/10	CERTIFICATE	OI PLATE		14144		
1. PLACE OF DEATH				ition: Residence before admission)		
o. COUNTY Montgomery	MARYLAND	o. STATE Wash.	, D.C. b. COL	JNTY		
b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 16	The state of the s	tside carporate limits, write RI	JRAL and give nearest town)		
write RURAL and give nearest town)				4		
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspita	I, give street address)	d. STREET ADDRESS		I e. IS RESIDENC		
University Nursino Home	, ,	850 Van Bu	ren St., N.W.	ON A FARM YES NO		
NAME OF First	Middle	Lost	4. DATE Mor			
DECEASED		2031	OF			
(Type or print) Mamie Clan: SEX 6. COLOR OR RACE 7. MARRIE	ton Paebles D	B DATE OF BIRTH	9 AGE (In years	IF UNDER 1 YEAR IF UNDER 24		
- WIDOWS			last <u>birthday</u>)	Manths Days Haurs A		
- Bligte Menth	KIND OF BUSINESS OR	1/11/1896	7 🗍 yrs. & State, or foreign country)	12 CITIZEN OF WHAT		
uring mast of working life, even if retired)	INDUSTRY			COUNTRY?		
Housewife		Jackson, N		IUSA		
B. FATHER'S NAME						
Cain Clanton	/ cocial cectioned No.	Martha Col				
the state of the s	6. SOCIAL SECURITY NO. 17 (229-22-9524	NFORMANT	Add	ress		
no l	229-22-9324					
8 CAUSE OF DEATH (Enter only one cause per line	for (a), (b), and (c))	. 0 - 1		INTERVAL BETWEE		
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6)	comma of	19/2	and ic Mi	Jack 12 6/16/		
/ . X DUE TO	4			/ /		
Conditions, if any, which gave (b)						
stating the underlying cause DUE TO						
last. (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CO	IDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?		
Timeraly	ind file	iveler	-cu	YES NO		
200. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) CONTRIBUTING CAUSE OF DEATH (I E STITLE B MOTIFE MOTIFE AND IN THE PART OF THE PAR						
[[(IT LITTLEN, NOTIF I MILDICAL EXAMINEN)						
20c. TIME OF INJURY Month, Doy, Yeor 20d		CE OF INJURY (Hame, form		(County) (Stat		
Hour o.m. While Not While of factory, street, office bldg, etc.) p.m. 19 at wark at wark						
21. 1 certify that (I) (this hospital) atte		ac 28 1	9. 67. 10, de KY	/ . 19 6 7 that (1) (we		
saw the deceased alive op	- 2/ 19 67, and that	t deoth occurred at	A. M. from couses	ond on the date stated of		
220 STONATURE	4 00	-		22b. DATE SIGNED		
Benny J.	Bell M.	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS. [
22c. PHYSICIAN'S Henry D	. Bell , M.D.		1839 14 H S	Y, N.C.		
NAME (Type) Dr. Emerson Wil	liams		on St., N.W.	Wash., D.C.		
30. BURIAL, CREMATION, 23b DATE THEREOF-TILO	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or T	own) (County) (State		
REMOVAL (Specify) Removal 9-1-67	Cofield Funer	al Home		rth Carolina		
24. FUNERAL DIRECTOR	· · · · · · · · · · · · · · · · · · ·	A 5/11 250. RECT	BY REGISTRAR 255 I	REGISTRAR'S SIGNATURE		
HAII Bros. 62	FLA AVENS		SEP 5 1967	Across may		

IO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the duath certificate 🎚 executed within 24 haurs after deoth. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages I and should be filed with the State Dept. of Health prior to burial, crematian, ar removal, and in any eyent, within 72 hours after death Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) . 20 M 1/66



STATE HEALTH DEPT.

cessary, e funeral 5 may be Department after death. S Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page director. Page 4 should retained for your files. TO DEPUTY MET

the Stan File pages 1 and 2 with and in any event within TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. I of Health or its designated agent, prior to burial, cremation, or removal,

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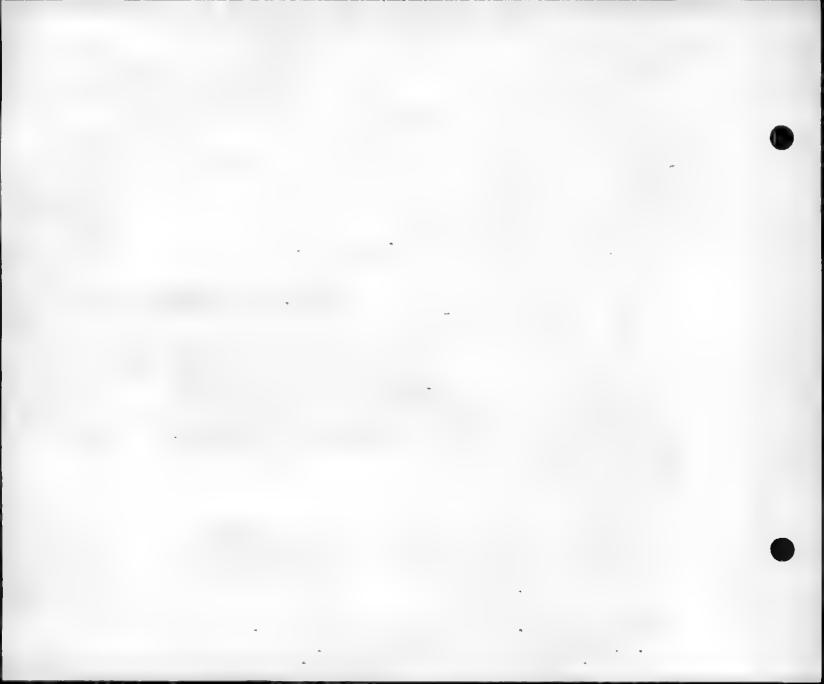
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12 12725 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Montgomery	a. STATEWash., D.C. b. COUNTY
b. CITY OR TOWN (if outside corporate limits, write RURAL end give gearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town)
Silver Spring 2 yrs. 3 mg	S. Woodstagton
d. NAME OF HOSPITAL OR INSTITUTION (If not In hospital, give street address)	d. STREET ADDRESS ON A FARM?
Althea Woodland Nursing Home 1000 Daleview Dr., Silver Spring	2301 Conn. Avenue N. W. YES NOW
3. NAME OF First Middle	Lest 4. DATE Month Oay Year
OFFICE OF PRINT Nell Rust	Petree DEATH Sept. 18 19 67
5. SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Female Cauc. WIDOWED TO DIVORCED	11/19/1882 St. birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired) Housewife	Virginia U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James M. Smith	Ella Rust
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (If yes give war or dates of service)	INFORMANT Address 57 Observatory
	Wentworth W. Peirce, Circle N. W
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I, DEATH WAS CAUSED BY: Arteriosclerot:	ic Heart Disease.
DUE TO	
Conditions, If eny, which (b)	
geve rise to immediate (cause (e), stating the OUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEQ?
CAT	YES NO X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING DOCUMENT OF CONTRIBUTION DAY, YEAR OF CONTRIBUTION DESCRIBE HOW INJURY OCCURRED CONTRIBUTION DAY, YEAR OF CONTRIBUTION DESCRIBE HOW INJURY OCCURRED CONTRIBUTION DAY, YEAR OF CONTRIBUTION DESCRIBE HOW INJURY OCCURRED CONTRIBUTION DAY, YEAR OF CONTRIBUTION DESCRIBE HOW INJURY OCCURRED CONTRIBUTION DAY, YEAR OF CONTRIBUTION DESCRIBE HOW INJURY OCCURRED CONTRIBUTION DAY, YEAR OF CONTRIBUTION DAY,	CURREO. (Enter nature of injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour e.m. While Not While	tory, street, office bldg., etc.)
21. I certify that I took charge of the remains described above, he	eld an Autopsy . Inspection . Inquiry . and In my opinion
1-4	Licide , Homicide , Undetermined manner
death resulted many mounts observed by	CHIEF MEDICAL EXAMINER
SIGNATURE Older Older	M.D. ASSISTANT MEDICAL EXAMINER [22./ DATE SIGNED
EXAMINER'S D	DEPUTY MEDICAL EXPLINER 9/18/1967
NAME (Type) 36 06 07 07 07 07 07 07 07 07 07 07 07 07 07	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
Buriol 9-20-1967 Arlington	Nat'l Cem Arlington Va
24. FUNERAL DIRECTOR ANDRESS 30	25a. "REC'D BY REGISTRAR 1250." REGISTRAR'S SIGNATURE
Joseph Gawler's Sons, Inc. Ave. NW	V. (DC) DATESEP 2 0 1961 / CLANCES

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1		CERTIFICATI	E OF DEATH		12723
		LACE OF DEATH	2 USUAL RESIDENCE (Wh	nere deceased lived, if institution	Residence before admission)
		COUNTY Monto, omery MARYLAND	O. STATE Mark	Aland b. COUNTY	Montgomery
	Ь	CITY OR TOWN (If autside corporate mits, c. LENGTH OF STAY, B. b. write RURAL and give nearest town)	c CITY OR TOWN (If outs	ide corporate limits, write RURAL o	
		akoma Park XXXXXXXX	Silver	Spring	, - , '
	9	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS	1 2 2 1	B IS RESIDENCE ON A FARM?
	1	Vashington San, + Hospital	108 Cro	ydon Ctalp7	YES NO
7	10	IAME OF First D Middle D	Lost	4 DATE Month	Doy Year
		Type or print) EX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	B DATE OF BIRTH	9 AGE (In years) IF	19 6 / LNDER 1 YEAR 1 IE UNDER 24 HRS
		Yale WIDOWED DIVORCED DIVORCED	11_17 - 9	lost birthdoy) Mo	onths Doys Hours Min
	100.	US_AL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11 BIRTHPLACE (County &		12 CITIZEN OF WHAT
	durii	ng most af working life, even if retired) Salesman Materials	Ohin		COMINAS T
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NA	.ME	Vi III
		Ellis Pemberton	Emma	Hunt	
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. no, or unknown) (If yes give wor or dates of service)	INFORMANT Juno	9-Pemberton	Same as #2
	110.	no P25-05-1635 A	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
		1B CAUSE OF DEATH (Enter only one couse per line for (a) (b), ond (c).) PART I. DEATH WAS CAUSED BY.	2 670		INTERVAL BETWEEN ONSET AND DEATH
		IMMEDIATE CAUSE (0)	ry Jace	ma	2-3000
		Conditions, if ony, which gove)	heart -	La luso = SA	100 2-41 P
		rise to immediate couse (a).	04	7 -1 1	1 day
	-	stoting the underlying couse (c) arterior	lauter 1	earl disease	al notkness
	<u>.</u>	PART II DITHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED?
	CERTIFICATION	deabeles mellitus n	ned are	reelockism	YES NO NO
	FIE	20₀ ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	(Enter nature of njury in Po	rt I or Port II of Item 18)	(frat.
		(IF EITHER, NOTIFY MEDICAL EXAMINER)			
	MEDICAL	Hour a.m. While - Not While - fo	ACE OF INJURY (Home, form ctory, street, office bldg., etc.)	20f (City or town)	(County) (State)
	2	p.m. 19 of work L at work L	CV (10	111 1 0 15	10/2/11/10/11
		21. I certify that (1) Ithis haspital attended the deceased from saw the deceased dive an 19 - 19 67, and the	of death accurred at	10/, to 9-15	an the date stated above
		22o. SIGNATURE			22b DATE SIGNED
		John Mencer "		IRECTOR STAFF	9-15-67
П		22c. Physicians NAME (Type) Cohy P Spance	22a ADDRESS	· m· · · · · · · · · · · · · · · · · ·	1.5
		form No openced	BURTO	```	U ₁
		BURIA., CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OF		23d LOCATION (City or Town)	(Stote) (Stote)
	24	EUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS	hington Cem	Hdelphi, Mary	Cand RAR'S SIGNATURE
		J. B. Thomas Mert Strong 8434 Georgia			liences judge

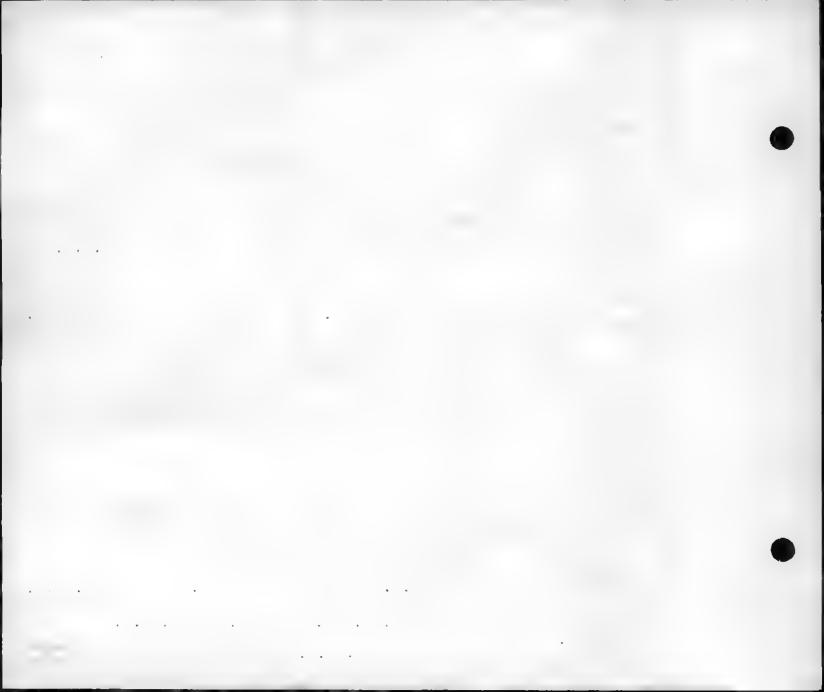
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directar, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and shauld be filed with the State Dept. at Health priar to burial, crematian, ar remaval, and in any event within 72 hours after death Page 4 may be retained by the haspital ar attending physician. YR A15 (4) 25M 1/67



	12716)		CERTIF	ICATE	OF DEATH			12	724	
	PLACE OF DEATH o. COUNTY Mon	tgomery		MARY	LAND	2. USUAL RESIDENCE (W		sed lived, if institut b. COU	YTY	tefore odmi	,
b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Bethesda				c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase							
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Suburban				d STREET ADDRESS e IS RE			ESIDENCE A FARM? NO 🛣				
	NAME OF DECEASED (Type or pnnt)		rst ECCA	Middle	I	PENSO	4. DATE OF DEATH	Mon		Doy 7	Year 1967
5		COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		8-15-92		AGE (n years lost birthdoy) 75 yrs.	IF UNDER 1 Y	EAR IF UN	DER 24 HRS
Too USUAL OCCIPATION (Give kind of work done during most of working life, even if retired) Housewlife					11. BIRTHPLACE (County & State, or foreign country) Turkey 12. CITIZEN OF WHAT COUNTRY? U.S. A.						
	13. FATHER'S NAME NISSIM LEVY										
(A:	WAS DECEASED EVER IS es, no, or unknown) (If	VUS ARMED FORCES? yes give war or dates o	of service)	OCIAL SECURITY NO.		NFORMANT s. Jack An	ngel		** 3201 ags Ln		
	18. CAUSE OF DEATH (Enter only one couse per lipe to (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ONE PART (CAUSE OF DEATH (Enter only one couse per lipe to (o), (b), and (c).)								BETWEEN DEAD		
	Conditions, if ony, which gove is to immediate couse (a). DUE TO OUGINE CECLOSE DUE TO OUGINE CECLOSE OUT OUT OUT OUT OUT OUT OUT OU							routh			
	stoting the underlying couse (c) Hyperleusine fordio residual Toyo-										
CERTIFICATION									RMED?		
	I III LITTLE, NOTE I MILDICAL LABORITES				· ·	. ,					16
MEDICAL	20c. TIME OF INJURY Hour 'o m. p m.	19	While of work		facto	E OF INJURY (Home, form ory, street, office bldg., etc.)		(City or town)	(Count		(Stote)
	21. I certify that (I) (this haspital) attended the deceased from Mey , 1946, to 200, 1962, that (I) (we) last saw the deceased alive an 1963, and that death accurred at 1000 M, from causes and on the date stated above 220 SIGNATURE 22b DATE SIGNATURE										
	22c PHYSICIANS	900	- Xe	rerop	M.D		MED. DIRECTOR	STAFF E] 225 UAII	SIGNEU	
-00	NAME (Type)			s, M.D.	7707 40	1746 -		t., N.V			
	BJRIAL, CREMATION, REMOVAL (Specify) BUIT 31	7 / "	0/67			eb.Cong.Ce	m.	Wash., E	.C.	ounty)	(Stote)
24	FUNERAL DIRECTOR	B. DANZ	MSKY	& SONES	C+	N M SE	P PEGISTI	1967 ^{25h} R	GISTRAR S SIG	NATUK!	ye, .

to Hospital or attending Physician: The law requires that the death certificate be executed within 24 haurs after death. Poge 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician ond completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Permit should be filed with the State Dept. of Health prior to burial, cremotion, ar removol, and in ony elementally 72 hauri VR A15 (4) 25M 1/67



2 7

72 hours after death.

CERTIFICATE OF DEATH

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		A. 74 4 a. 4		10100					
		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, Finstitution, Res						
	-{	o. COUNTY MONTGOMENY MARYLAND	a STATE Manyland b. COUNTY P	iontgomery					
	t	b CITY OR TOWN (If autsibe/corporate limits, c LENGTH OF STAY IN 16 - wive RURAL and gife negres fown) 12 10 17 16	c CITY OR TOWN (If au)side corporate limits, write RURAL and	give nearest town)					
	70	a noma (an) 23days/7/nrs.	Damascus						
1	110	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e IS RESIDENCE ON A FARM?					
	W	ashington Sanitarium Hospital	25503 Kidge Koad	YES NO X					
		NAME OF DECEASED (Type or print) Margaret NMN F.	Pollock OF Septembe	un /5, 1967					
1	5,	SEX 6 COLOR OR BACE 7. MARRIED NEVER MARRIED 8	B DATE OF BIRTH 2 1906 Gast birthday) Mant						
	E	emale White WIDOWED DIVORCED It	epruarya, 1082 85 vs						
	* /S	USUAL OCCUPATION (Give kind of work dane in more af working life, even if retired) WT-RELIFIED INDUSTRY	11 BIRTHPLAGE (County & State, or fareign country) 12	COUNTRY? U, S, A.					
	13	FATHER'S NAME	14 MOTHER'S MAIDEN NAME						
		John Stewart	Jane Patterson						
		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT. 18 Syria, ar unknown) (If yes give war ar dates af service) 265-02-8502 HOSPICAL Records 7600 Carroll Ave.							
		18. CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY:	1/-/	NTERVAL BETWEEN ONSET AND-DEATH					
		IMMEDIATE CAUSE (a) The Die on the	2 LOWIN-	2 (4)					
		Candit ons, if any, which gave) DUE TO	is acomone	Land					
		rise to 'mmediate cause (a),	1) June	0 1					
		stating the underlying cause (c)							
	F CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY							
	TFC		(Enter nature of injury in Part I or Part II of item 18)						
	L CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
	MED CAL		CE OF INJURY (Hame, farm 20f (City or town)	(County) (State)					
	ž	p m. 19 at wark at work							
		21 I certify that (I) (this haspital) attended the deceased from saw the deceased alive an	death accurred at 325M, from causes and a	195 that (I) (we) last n the date stated above.					
		220. SIGNATURE Jang an ZU ENDONG M.D.	ATTENDING MED STAFF 226						
		22c. PHYSICIAN'S	22d ADDRESS DIRECTOR PHYS C	0-1/1					
		NAME(Type) James M. Whitlock, M.D.	17717 Canallin/all	anotal Wil					
	23a								
		Cremation Sept.16,1967 Fort Lin							
	24	Olin L. Molesworth, Damascus, Mc		S SIGNATURE					
		OTTH TO LOT OF DIT A DAMAGOOD ! IN	TATE !	// (/					

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages should be filed with the State Dept. of Health prior to burial, cremation, ar removol, and in any event, where 2 hours af VR A15 (4) 25M 1/67



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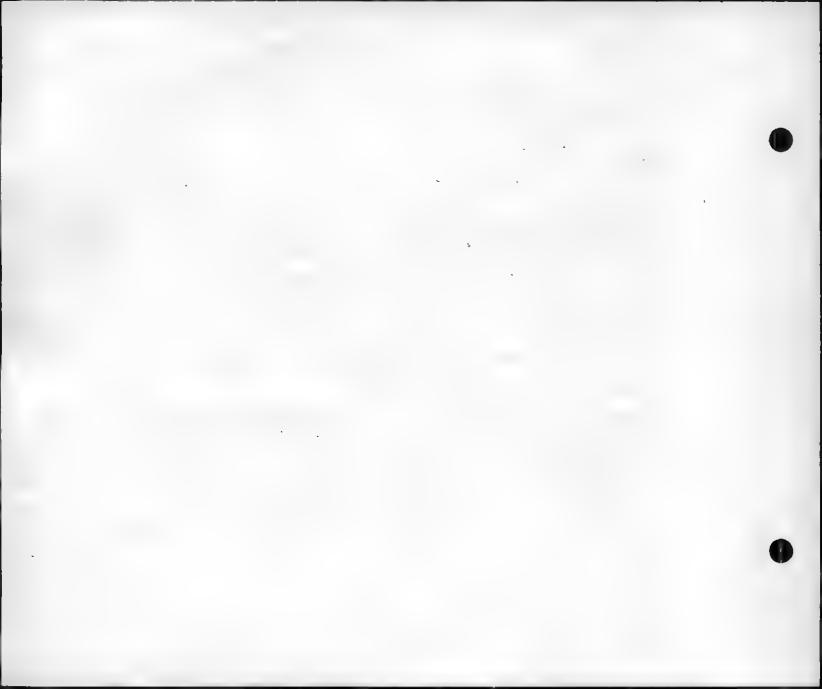
CERTIFICATE OF DEATH

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		LANTO	OF DEATH				
	(county maryland maryland	2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. STATE 6 (OUNTY MONTE ONE RY				
		verite PURAL and give nearest town) Con Sing Tool	C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 5/1/24 5/199				
٨	k	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	900 CADDINGTON AVE YES TONOY				
	3 NAME OF DECEASED DOS SING AND DOS YES OF SOAT 19						
	5. 5	SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	B. DATE OF BIRTH 3 AGE (n years IF UNDER YEAR IF UNDER 24 HRS 3 AGE (n years IF UNDER YEAR IF UNDER 24 HRS 3 AGE (n years IF UNDER YEAR IF UNDER 24 HRS 4 AGE (n years IF UNDER YEAR IF UNDER 24 HRS 4 AGE (n years IF UNDER YEAR IF UNDER 24 HRS 4 AGE (n years IF UNDER YEAR IF UNDER 24 HRS 4 AGE (n years IF UNDER YEAR IF UNDER 24 HRS 4 AGE (n years IF UNDER YEAR IF UNDER 24 HRS 5 AGE (n years IF UNDER YEAR IF UNDER 24 HRS 5 AGE (n years IF UNDER YEAR IF UNDER 24 HRS 6 AGE (n years IF UNDER YEAR IF UNDER 24 HRS 7 AGE (n years IF UNDER YEAR IF UNDER 24 HRS 7 AGE (n years IF UNDER YEAR IF UNDER 24 HRS 8 AGE (n years IF UNDER YEAR IF UNDER 24 HRS 9 AGE (n years IF UNDER YEAR IF UNDER 24 HRS 10 AGE (n years IF UNDER 24 HRS IF UNDER 24 HRS 10 AGE (n years IF UNDER 24 HRS IF UNDER 24 HRS 10 AGE (n years IF UNDER 24 HRS IF UNDER 24 HRS 10 AGE (n years IF UNDER 24 HRS IF UNDER 24 HRS 10 AGE (n years IF UNDER 24 HRS IF UNDER 24 HRS 10 AGE (n years IF UNDER 24 HRS IF UNDER 24 HRS 10 AGE (n years IF UNDER 24 HRS IF UNDER 24 HRS 10 AGE (n years IF UNDER 24 HRS IF UNDER 24 HRS 10 AGE (n years IF UNDER 24 HRS IF UNDER 24 HRS 10 AGE (n years IF UNDER 24 HRS IF UNDER 24 HRS 10 AGE (n years IF UNDER 24 HRS IF UNDER 24 HRS 10 AGE (n years IF UNDER 24 HRS IF UNDER 24 HRS IF UNDER 24 HRS 10 AGE (n years IF UNDER 24 HRS IF UNDER 24 HRS IF UNDER 24 HRS 10 AGE (n years IF UNDER 24 HRS 10 AGE (n years IF UNDER 24 HRS IF UNDER 24 HRS				
	10o	USUAL OCCUPATION (Give kind of work done ng most of working life, even if retired) 10b KIND OF BUSINESS OR 1NDUSTRY 1 DOUS C WIFE	11 BIRTHPLACE (County & State, or fore-gn country) 12 CITIZEN OF WHAT CRECE				
		FATHER'S NAME GEORGE HANGOTAKIS	14. MOTHER'S MAIDEN NAME UNKNOWN				
		WAS DECEASED EVER IN L.S. ARMED FORCES? s, no. or unknown) (If yes give war or dotes of service) 208-03-9327 MRS.	SPEARL N. CATORIS-900 CAPPINGTON AVE				
		18 CAUSE OF DEATH (Enter only one couse per line for (o) (b), only (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) The course of the c	INTERVAL BETWEEN SONST AND DEATH				
1.		Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse fost. DUE TO (b) DUE TO (c)	e corebrovas una and 4 yrs				
	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO NO				
	L CERTIFICATION	20b ACCIDENT WAS UNDERLYING A 20b DESCRIBE HOW INJURY OCCURRED. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter noture of injury in Port I or Port II of item 18.)				
	MEDICAL		ICE OF INJURY (Home, form, 201 (City ar town) (County) (State) tory, street, office bldg., etc.)				
		21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 9/19/19/19/7, and that	t death occurred at 6 M, from couses and an the date stated above.				
		220. SIGNATURE San Tublin MI					
		20c PHYSICIANTS TRA N. TUBLIN	22d ADDRESS OU Pershing Dr. ve Silver for				
	230	BURIAL CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR STANDARD OF CEMETERY OF COMMENT OF CEMETERY OF COMMENT OF CEMETERY OF COMMENT OF CEMETERY	EMETERY NATRONAHETGHTS, PENNA				
	24	W. W. Chambero Co. WASHINGTO	250. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE DATE SEP 2 1 1967 RECISTRAR'S SIGNATURE				

TO MOTPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any exect. Within 72 hours after dept. VR A15 (4) 25M 1/67



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offer death.

completely filled in by the funeral tove tarbal papers, Pages, and ithin 72 h

event,

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and of director, page 3 shauld be detached far use as the burial-transit permit. Then please remostanal be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any

Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 25M 1/67

CERTIFICATE OF DEATH

	_		
		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, f institution: Residence before admission)
	(o COUNTY	o STATE b. COUNTY 1
	L.,	Montabnecy MARYLAND	Maryland
	l t	o (ITY OR TOWN () outside corpolate limits, c LENGTH OF STAY IN 16 usite RURAL ond give neorest town)	t CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	ر ا	While Rukal and give neorestrewn)	21
	<u> </u>	LUISPINA YOUR MAIL	Silver Spring
. ,	· (d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)	d STREET ADDRESS ON A FARM?
16	_	WASHINGTON SANITARIUMAHS	9202 Wendell St YES NO X
1		NAME OF First Middle	Last 4 DATE Month Doy Year
1		DECEASED (Type or print) IRVING LEROY	POWER DEATH SEPT 1 1967
Ĭ	5. 5	SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	B DATE OF BIRTHY 7/0/03 9 AGE (n years IF UNDER ! YEAR IF UNDER 24 HRS
3		MIDOWED DIVORCED	Acogracular (Jast birthdoy) Months Doys Hours Min.
1	100	- ISLIAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR)	M. BIRTHPCACE (County & State, or foreign country) 12 CITIZEN OF WHAT
m	duje	Colosis Colosis (e. even if retired)	COUNTRY?
7	143	WELTHAR FOREHUMN THELSAMONES VOO	Vistrict of Columbia U.S
19	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Y	h .	T. Vilephone Co.	C) RVVVVVVVV C.
N	200	James H. Power	Cinna Grassansk Crowson
9			INFORMANT LUKE Power 9202 Wendell St
1	(i is	17//50/5000	
_	—		TTO CHAFT SALVER Spring, Ud.
,	H	18 CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c) PART I DEATH WAS CAUSED BY	INTERVAL BETWEEN ONSET AND DEATH
D	Ш	IMMEDIATE CAUSE (a) 10 PTURE D AB	DOMNAL AORIL AMEURYSM IN
		45/X DUE TO .	
1	H	7	
M		Conditions, if ony, which gove inse to immediate couse (a), (b) ARTBRID SCLERA	5515 FHYPERIENSION YRS
0	Н	stoting the underlying couse DUE TO	
$^{\prime}$		iost (c)	
V	1 1	- W	TIO WAS A ZONY
Α,	Ž	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL D SEASE CONDITION GIVEN IN PART I(o) 19 WAS ALTOPSY PERFORMED?
7	ΙĔΙ		YES NO DO
.4	CERTIFICATION	20a ACCIDENT WAS UNDER YING ☐ 20b DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Port 1 or Port II of Item 18.)
/	E.	OR CONTRIBUTING CAUSE OF DEATH	tenter notice of injusy in Post i of Pott it of Item 10.)
1		(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	MEDICAL		KE OF INJURY (Home, form, 20f (City or town) (County) (State)
٠,	밀	Hour o.m. While Not While for	tory, street, office bldg , etc.)
ク	~	p.m. 19 ot work ol work	
1	Ιſ	21. I certify that (1) (this haspital) attended the deceased fram_	9// , 1967, to 9// , 19/7 that(I)(we) last
6	ш	saw the deceased glive an 9 // 1967, and tha	it death accurred at/15 PM, fran causes and an the date stated above.
P	ш	220 SIGNATURE A - A	
$\mathcal{I}_{\mathcal{Y}}$	ш	220 SIGNATURE OF - I I I I I I	ATTENDING MED STAFF 226. DATE/SIGNED
3	ш	1: 1 close S. Lyons // Can M.	D PHYS LM DIRECTOR PHYS. L. 7////
~		22c PHYS CIAN S	22d. ADDRESS
Y		NAME (Type) William S. Lyon	1234 19th Street, N.W. Washinton D. C.
` \	220	BURIAL CREMATION. 236 DATE THEREOF 236 NAME OF CEMETERY OR	
4	230	REMOVAL (Specify)	
1	13	urial Sept 6 1967 Part Pinant	a Comotory Prince Georges Co. Md.
	24	OHNERABOIRE TORONAS SKABAR 8434 OPERAS JA HU	750 PEC D RY PEGISTRAP 1256 PEGISTRAP'S SIGNATURE
		rner E. Pumphrey, Inc. 8494 February,	OFF 8 1961 / Charles your
	U.L	rner E. Pumphrey, Inc. Silver Spring,	Md. DATE SEP & ISOI

xxilealistic

77/9/03

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12720 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12729 HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) a. COUNTY 2, and 3 to P.M3. Page b (ITY OR TOWN (It outside/corporate lim +s, write-RURAL and give/nearest town) r LENGTH OF STAY IN 16 d NAME OF HOSPITAL OR INSTITUTION (If not in hospita, give street address) d STREET ADDRESS should be farwarded to the Chief Medical Examiner's Office along with farm in Item 18. Give Pages 1, the State NAME OF 4 DATE Middle DECEASED (Type or print) SEX NEVER MARRIED AGE (Up years lost birthdoy) death. WIDOWED | DIVORCED 100 USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working 1 te, even if retired). COUNTRY? Attorney event within 72 haurs aft 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME perm t. File 16 SOCIAL SECURITY NO 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) 216-46-0959 Same as Item 2. Vilma V. Presmont 18 CAUSE OF DEATH (Enter only one couse per ne far (a), (b), and (c)) burial-transt PART I. DEATH WAS CAUSED BY. Respiratory Foilure. IMMEDIATE CAUSE (0) writing the ward DUE TO Subdural Heamatoma biLateral. ony (Conditions, Lony, which gove) rise to immediate couse (a). .⊑ DUE TO stating the underlying couse Troums from 1211. burial, cremation, ar remaval, PART II OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 3 shauld be 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of vajury in Port I or Port II of Item 18) PR MARY Dor CONTRIBUTING LAUSE OF DEATH Fell cloun Stairs 20c T ME OF INJURY Month, Doy, Year 20e PLACE OF INJURY (Home, form 201 (City or fown) (County) While of work Not While of work factory, street, office bldg., etc.) may be retained for your FUNERAL DIRECTOR: Page Chevy Chase Montgonera 21 I certify that I took charge of the remains described above, held on Autopsy (X), Inspection , Inquiry X, death resulted from Notural couses ... Accident ... Suicide ... Hamicide ... Undetermined monner be retained prior to ! CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE the funeral DEPLTY MEDICAL EXAMINER

VR A15ME (5)

EXAMINER'S

NAME (Type)

230 BURIAL, CREMATION,

Burial Burial

24 FUNERAL DIRECTOR ADDRESS PUMILITY, Bethesda, Maryland

J HN G. BALL

23h DATE THEREOF

9-29-67

23c NAME OF CEMETERY OR CREMATORY

Forest Hills Cem.

Address (Street, city, town, or county)

23d LOCATION (City or Town) Forest Hills.

Bethesda, Md.

e IS RESIDENCE ON A FARM?

INTERVAL BETWEEN

19 WAS AUTOPS PERFORMED?

ond in my opinion

22. DATE SIGNED



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12730 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY Montgomery Maryland MARYLAND Montgomery requires that the death certificate be executed within 24 haurs after b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 c CITY OR FOWN (If outside corparate limits, write RURAL and give nearest town) d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 47days Damascus d STREET ADDRESS e IS RESIDENCE ON A FARM? filled 24816 Woodfield Road Montgomery General NO Se YES 3 NAME OF Middle 4 DATE Month and campletely DECEASED (Type or print) Lorraine **NMN** Price DEATH 19 67 Sept even S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR 7 MARRIED NEVER MARRIED lost birthdoy) Months Sus WIDOWED DIVORCED 2-26-96 White Female 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? Housewife Washington, D.C. USA 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME transit permit. Then crematian, ar remova Claude Poindexter 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dates of service) 213-48-4527 17 INFORMANT From Family Hospital Records, Olney, Md. 1B CAUSE OF DEATH (Enter only one couse per ine for (a), (b), and (c).
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO storing the underlying couse OR ATTENDING PHYSICIAN: The law 19 WAS AUTOPSY PERFORMED? PART II OTHER S-GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE COND T ON GIVEN IN PART 1(o) 200 ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of tem 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER! 20e PLACE OF INJURY (Home, form, 20c T ME OF INJURY Month, Doy, Yeor 20d INJURY OCCURRED 20f (City or town) (County) (Stote) foctory, street, office bldg., etc.) While of work Not While of work 21. I certify that (1) (this hospital) attended the deceased from 8-1-67, 19, to 9-17-67, 19, that (1) (we) last saw the deceased alive on 9-17-67 19 ond that death occurred at 4A M, from causes and on the date stated above. TH FUMILIER DIRECTOR: 22o SIGNATURE 22b. DATE SIGNED MED.
DIRECTOR MD 22d. ADDRESS O HOSPITAL Medical Center, Sandy Spring, Md. Chester L. Wagstaff 230. BURIAL, CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)

Gate of Heaven

Damascus, Md.

Silver Spring.

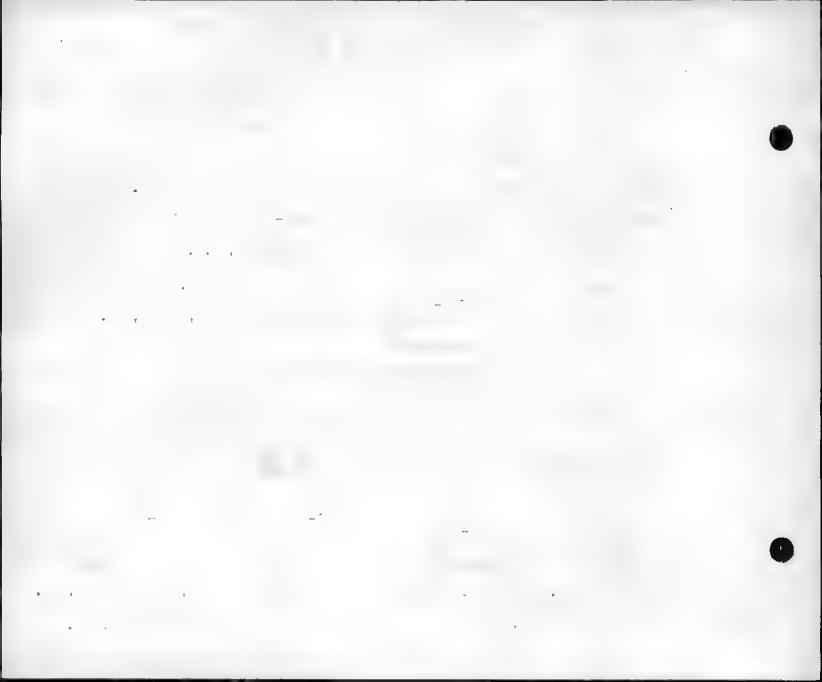
250 REC D BY REGISTRAR 1967

REMOVAL (Specify)

24. FUNERAL DIRECTOR

Sept.20,1967

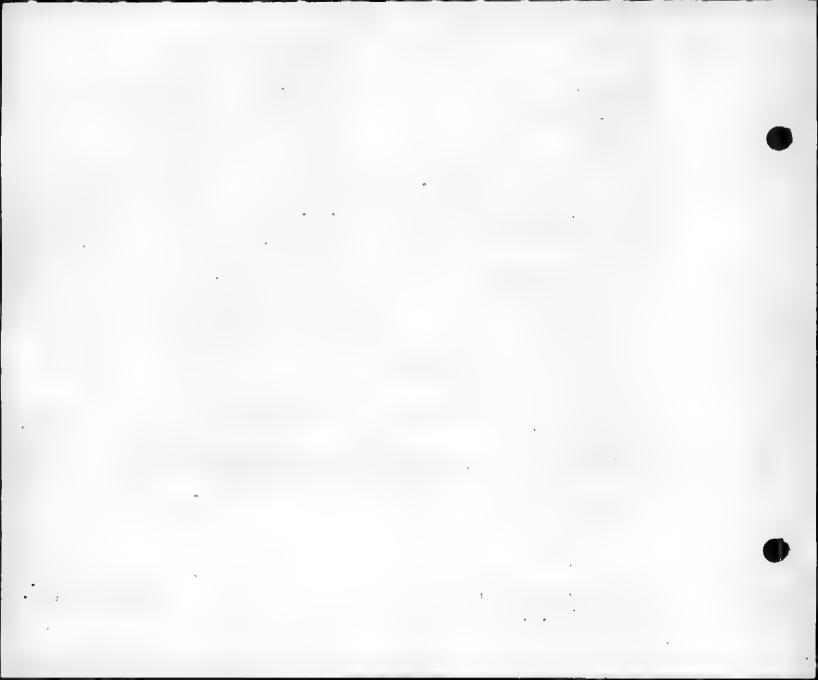
Olin L. Molesworth,



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? NO V Month Year 6 1967 September AGE (In years | IF UNOER 1 YEAR IF UNDER 24 HRS last plythday) Months | Days Hours I 12. CITIZEN OF WHAT COUNTRY? U.S.A. Address HANCOCK MD. INTERVAL BETWEEN ONSET AND DEATH Seconda Seconds PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMEO? YES X NO F 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Pert I or Part II of Item 18.)
Deceased ran tractor trailer into bridge abutment at a high speed. Gasoline tank exploded and truck burned. (State) (County) Md -Montgomery and in my opinion Inquiry Undetermined manner 22. DATE SIGNED

Seminary Rd.

VR ALSME (5) 1/65



	127	23			CERTIF	ICATE	OF DEATH			12	732	
	PLACE OF DEATH					1	2. USUAL RESIDENCE (Where deced	osed aved, if institu	tion: Residen	ce before admis	sion)
	a. COUNTY	ntgomery			MAR	YLAND	o STATE	inia	b. COU		Lington	V
_	b CITY OR TOWN	(If outside carparate limit	3,	c L	ENGTH OF STAY		c CITY OR TOWN (If a)		rate limits, write RL			
	write RURAL an	d give negrest town) ethesda			2/ 3		A 7 -			Ü	6	
_		TAL OR INSTITUTION (If n	at in har		36 days		d STREET ADDRESS	ngton	l.		e IS RES	SIDENCE
		,									ON A	FAR M?
		<u>cal Center,</u>		hesda		and	5135 Nort				YES [NO X
3	NAME OF DECEASED	F	ITS†		Middle		Lost	4 DATE	Man		,	fear
	(Type or print)	Emil:	<i>I</i>		Virgir		Randolph	DEATH				67
S	ZEX	6. COLOR OR RACE	7 MAR	RRIED	NEVER MARRIE	D 🔀 8	DATE OF BIRTH		9. AGE (In years	IF UNDER Months		ER 24 HRS
ŀ	emale	Negro	WIDO	OWED	DIVORCE		13 April 19	11	last burthday) 5.6 yrs	montas	Days Hours	Min
100	o. USUAL OCCUPATIO	N (Give kind of work done life, even if retired)		10b. KIND OF INDUSTR	BUSINESS OR		11 BIRTHPLACE (County	& State or fo	oreign country)		IIZEN OF WHAT UNTRY?	
	Housewi	fe		HEOSIK	None		Virgi	nia			SA	
13.	. FATHER S NAME						14. MOTHER'S MAIDEN	NAME				
		Lewis Ran	ndo]:	ph			Etta '	Virgi	nia Carpe	enter		
15	WAS DECEASED EV	ER IN U.S. ARMED FORCES?		16 SOCIAL	SECURITY NO	17 [NFORMANT The M	edica	1 Recorde	ress		
(1)	es, no, or unknown) No	(If yes give wor or dates	o) service		22-0861						[amr] and	
	No 231-22-9864 The Clinical Center, Bethesda, Maryland 18. CAUSE OF DEATH (Enter only one couse per time for (p), (b), and (c).) INTERVAL BETWEEN											
	PART I. DEATH WAS CAUSED BY:									ONSET AND	DEATH	
	3/1/4								5 minu	ves		
	00110								20 40			
	rise to immedia	te couse (n)	107	1000	TACITORY T	O T T ULI					29 day	۵
	stating the unde			31	. 1/ 2		7 7 7					
	(c) Chronic Myelogenous Leukemia									year		
3	PART II OTHER S	IGNIFICANT CONDITIONS	ONTRIBU	JTING TO DEA	TH BUT NOT RE	LATED TO T	HE TERMINAL D SEASE CON	ADITION GIA	/EN IN PAR⊺ 1(a)		19 WAS AU PERFOR	
ATIC											YES X	NO [
CERTIFICATION	20a ACCIDENT WA		2	20b DESCRIBE	HOW INJURY O	CCURRED (Enter nature of injury in	Part Lor Pa	ort II of item 18)			
		CAUSE OF DEATH										
MEDICAL	20c. TIME OF INJ	JRY Month, Day, Year		20d INJURY	OCCURRED		E OF INJURY (Hame, form		(City ar town)	(Cou	unty)	(State)
SE SE	Haur a.	m. 19		White at work	Not While at work	focto	ory, street, office bldg., etc.					
	21 [cost	112.				from A	ugust 24 , i	967	ta Sept.	29 106	7 that M	(wa) la
	saw the d	ereased alive an	Sept	; 29	1967	and that	death accurred at	4:05	M fram causes	and an th	he date state	fuel in
	22a. SIGNATURE	ocouses unve un	M N W Y	11	_ ' > -	GIIW TITGI	-sam accomed at	P.M.	,		ATE SIGNED	
		24!	1	1100		1 M.D	ATTENDING PHYS	MED DIRECTOR	STAFF E	- l		1067
	22c PHYSICIAN S	Morrial		راب	Me of the	mi.U					t. 30,	TAO.\
	NAME (Type		Gla	incv.	M.D.	1	22d. ADDRESS The	10 011	Health	Rether,	MA cha	4.1
25	DUBLE COLUMN					TENY OF						
	 BURIAL, CREMATI REMOVAL (Specify 	ON, 23b DATE TH			. NAME OF CEM				OCATION (City or To			(State)
	surial	10/3	/67	P	leasan	t 1	Jalley	Any	nandale	, Va.		
2	4 FUST	seller 6	Cr. E	- Cl	ADDRESS 9	tunes	cultons 250. REC'I	BY REGIST	10C7 25b. R	EGISTRAR S S	- 60	
	1		26	05 S.	Shirl	ingto	on Rd DATOC	14	1967 /	waye	es Judy	1

Arlington.va.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled to director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, should be filed with the State Dept of Health prior to burial, cremotion, or removal, and in any event, rethin 72 his Poge 4 may be retained by the hospital or ottending physician. VR A15 (4) 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

by the funeral rs. Pages 1 and hours after death

1 [

12724	CERTIFICATE OF DEATH	12733
b CITY OR TOWN (four side corporate limits, write RURAL and give negrest town)	MARYLAND ostate	Prince Heorges Jeruts, write RURAL and give nearest flown)
d. NAME OF HOSPITAL OR INSTITUTION (If not in he	ospitol, give street oddress) d. STREET ADDRESS 4 Hosp. 108 Oak dale	e. IS RESIDENCE ON A FARMS YES \(\sqrt{NO} \) NO
NAME OF DECEASED (Type or print) Bessie	Elizabeth Ratterree de DATE OF DEATH	Sept. 10 1967
Fe W WII	DOWED DIVORCED 3-23-86 8	GE (In years ust birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min.
100 USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign Action County & State)	n country) 12 CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME LITTLE TO THE TOTAL STATE OF THE STATE	14 MOTHER'S MAIDEN NAME FLORANCE CLI 16, SOCIAL SECURITY NO. 17. INFORMANT 18. 217 -52 8282	Hon Address
18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Tunknown I Med : yecords . W	ash SHA, HOSPI INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gave this is to immediate cause (a), stoting the underlying cause DUE TO	cerelens vas un lon acci	24 days
lost. (c)	NUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN I	N PART I(o) 19. WAS A TOPSY PERFORMED? YES NO V
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II	of item 18.)
20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 19	While of work at work foctory, street, office bldg., etc.)	(County) (State)
21. I certify that (I) (this hospital) saw the deceased alive an	19 67, and that death accurred at 7 to P.M., f	rom causes and on the date stated above
22c. PHYSICIANS VERONIK	M.D. PHYS EN DIRECTOR L	NH. come
230. BURIAL, CREMATION, REMOVAL (Specify) 23b DATE THEREOF STATE OF STATE O		TION (City or Yown) (County) (Stote) MBIA SOUTH CARULINA 2Sb REGISTRAR'S SIGNATURE
W.W. Strofens	Sincino DATISEP 131	967 jelianes Judges

VR A15 (4) 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Page 4 may be retained by the haspital or attending physician.



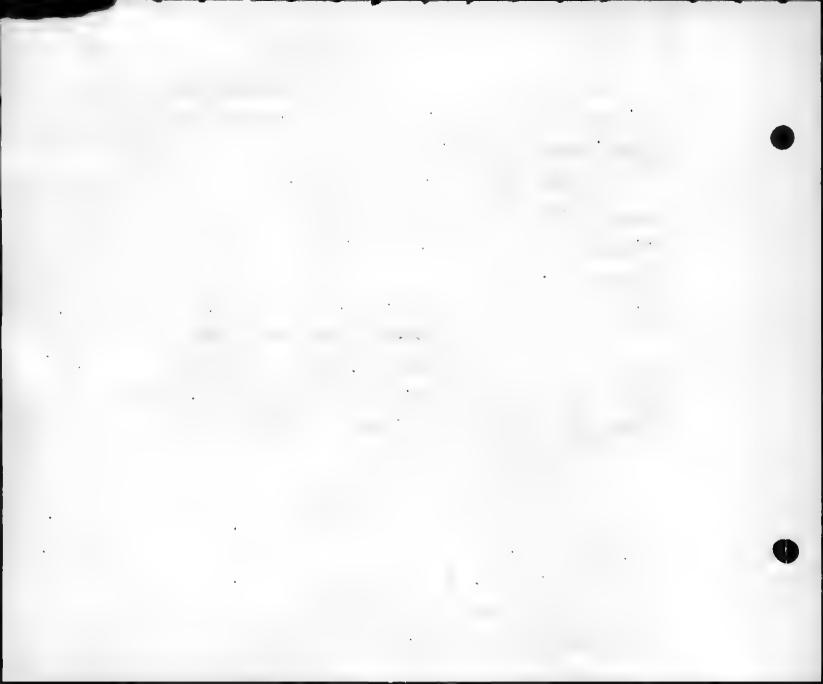
020

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove Carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and infancement, within 72 topics after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

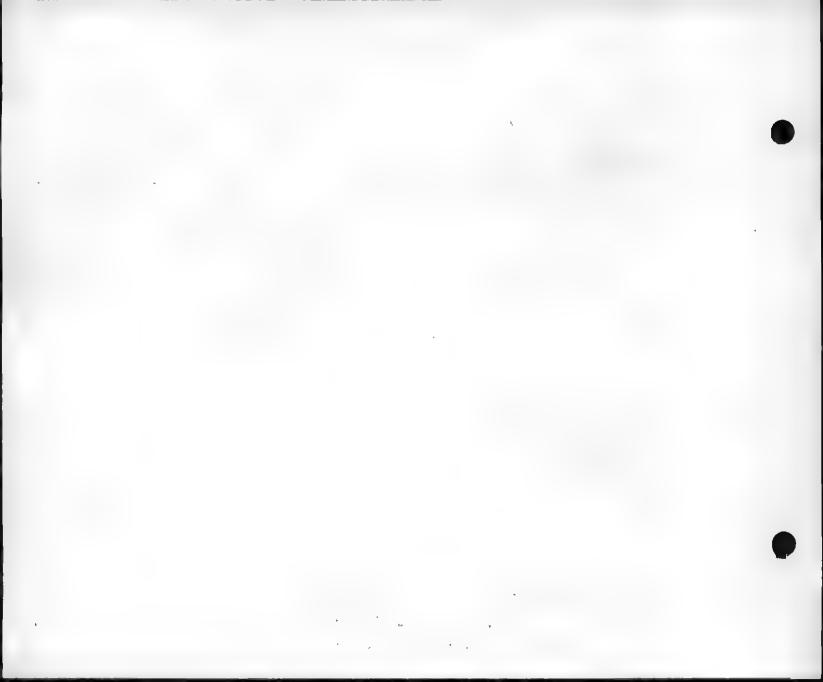
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

- 1	-	GERTIFICATI	C OF DEATH	1410	94
	1,	PLACE OF DEATH a. COUNTY		Where deceased lived, If Institution: R	tesidence before admission)
1		MONTER WIFRY MARYLAND	a. STATE	NGTO N B. COUNTY	* *
		b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	C. CITY OR TOWN (If our	side corporate limits, write RURAL	and give nearest town)
		CINEY AVES+3/105	Wash	ITNG-TON-	7.0
		d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	4/10 ///	e. IS RESIDENCE ON A FARM?
	1	PRONE GROVE FOUNDATION.	2715 /	8- ST N.E	YES NO W
	3.	NAME OF First Middle	Last 4.		Oay Year
		OECEASED (Type or print) LAURA BOggs K	EED.	DEATH 9-	9- 1967
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH	9. AGE (In years IF UNDER	
/	FI	ENDIF WILTE WIDOWED DIVORCED	FEB. 77-18	last birthday) Months	Days Hours Min.
	10a	.USUAL OCCUPATION (Give kind of work done 10b. KINO OF BUSINESS OR	11. BIRTHPLACE (County	y & State, or foreign country) 12. C	ITIZEN OF WHAT
	401/	Ing most of working life, ever if retired) INDUSTRY HOSBURGH SISPLES LARV HEFT. STARS	DOITTMOR	E Co-Mrs	DUNTRY
	13.		14 MOTHER'S MAIDEN	NAME	<u> </u>
	W	TUTTU BIGGS	Hiller For	chin Karl	
			INFORMANT	Adoress	44 0-1 21
	(Ye	s, no, or ymkown) (If yes give war or dates of service) 577-24-8822	VITTURES DOE	TIO -LIEYO	ONSHIRE KA
	_	18. CAUSE OF DEATH [Enter only one cause per live for (a), (b), and (c).]	THW ON OFT	YKE TAKIMI	INTÉRVAL BETWEEN
		PART I, DEATH WAS CAUSED BY:	HEART ,	FAILURE	ONSET AND DEATH
		HAIMEDIMTE CHOSE (4)	11011-1		1/-
		Conditions, If any, which) OUE TO PUL MONA	RY EX	EMA.	YRS.
		gave rise to immediate			Vac
		underlying cause last, the underlying cause last,	EROTIC C	.V. DISEASE	TRS.
	20	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIDUTING TO DEATH BUT NOT RELA	TEO TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
	CERTIFICATION	OPGANIC BRAIN SYNDROME	SENIL	1+4	PERFORMEO?
*	E	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU		ury in Part or Part of Item 18	
	CER	OR CONTRIBUTING CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
	롱	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm,	20f. (City or town) (Cou	inty) (State)
	MEDICAL	ing and and work while	ry, street, office bldg., etc.)		
	2	21. I certify that (1) (this hospital) attended the deceased from	UGUST 196	3 , 9-9 106	Z. that/(I) (we) last
			1 1 1	M, from the causes and on t	
		22a. SIGNATURE .			ATE SIGNEO
		M.C. // COX'S	ATTENDING MED	ECTOR D STAFF D 9-	9-67
		22c. PHYSICIAN'S	22d. ADDRESS	101 (-0)	CO 14.1
		NAME (TYPE) DONALD K. LEWIS	1700 CTON	ERLY SILVERS	SPEING MA
	23a.	BURIAL, CREMATION, 23b. DATE THEREOF 230 NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or con	unty) (State)
		Burias Sept 11.196/ Bushword	Cimilize	Washington	W.C.
	24.	FUNERAL DIRECTOR ADDRESS	28a. REC'D	0.01	'S SIGNATURE
	IU.	Malun Wallers 254 Carroll DUNW. 1	V & Thate SE	P 1 3 1967 / 100	was huston

#15 (4) M 1/65



1	tem 18 Film 392 9-19-67 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	12728 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12735	
HEALTH DEPT:	PLACE OF DEATH O COUNTY MONTGOMERY MARYLAND 2 USUAL RESIDENCE (Where deceosed I ved, if institution. Residence before admission to STATE O STATE WIRE IN IA ARLINGTON I	
Adelay is Page Page	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TAKOMA PARK C LENGTH OF STAY IN 1b C CITY OR TOWN (I autside corporate limits write RURAL and give nearest town) ARLINGTON	
Te un 7/	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) WASHINGTON SAN. & HOSP. d. STREET ADDRESS 2503 NORTH 2ND RD. VES IN	M2 0
after death II 8. Give Pages along with farr	3. NAME OF PIST LORRAINE RICE OF DEATH 9-10 196	
N = 1	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 1 NEVER	Min
24 haurs in Item 18 er's Office I jes land 2	10b USUAL OCCUPATION (Give kind of work done during gross of working life, even if retired) 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME	
d within 24 in pencil in Examiner's Examiner's File pages 2 haurs afte	CHARLES SMITH IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address	
emecuted 'pending'' in ef Medical E sit permit. F nt within 72	(Yes, no, ar unknown) (If yes give wor ar dotes of service) 578-40-0086 MR. GEORGE RICE - HUSBAND	EEN
be ''pe	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Pending Acute alcoholism with Due to	
기본의 수도	Conditions, if only, which gave inset to immediate course (a), stotung the underlying course (b) DUE TO	
s certificate s, writing 1 farwmrded used as a aval, and	lost. (c) (c) PART III OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT DELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART II(c) 19 WAS AUTOR	SY
	PRESENTED TO THE EXAMPLE OF STATE OF ST	
ne certific should b files. 3 shauld irian, ar r	20c TIME OF NJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF NJURY (Home, form, 20f (City at town) (County) (SI	ate)
L EXAM ecute th Page 4 or your R: Page	21. I certify that Logok charge of the remains described above, held an Autopsy (), Inspection (), Inquiry (), and in my a	pinio
ITY MEDICAL EXAMINY, please execute it eral director. Page 4 be retained far your RAL DIRECTOR: Page prior to burial, cremo	deoth resulted from Natural couses . Accident . Suicide . Homicide . Underermined monner . CHIEF MEDICAL EXAMINER	CNED
Y. P.	SIGNATURE SIGNATURE SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER L. DEPUTY MEDICAL EXAMINER L. PLANTING COUNTY PLANTING CO	7
necessary, the funera 5 may be TO FUNERAL Realth price	230 BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETRY OR CREMATORY 23d LOCAT ON (City of Jown) (County) (Store SMOVAL (Sporty) 1/4 Sept. (olumbia Gardens Arlington Va.	te)
VR A15ME (5) 6M 1/67	24 FUNERAL DIRECTOR (Marchy Funeral Home, Anlington, Virginia DATE SEP 1 3 1967 floorles Judge	-



TO BOINTIAL OR ATTEMBING PRYSICIAN: The law requires that the death certificate be executed within 24 hours after-death.

Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67

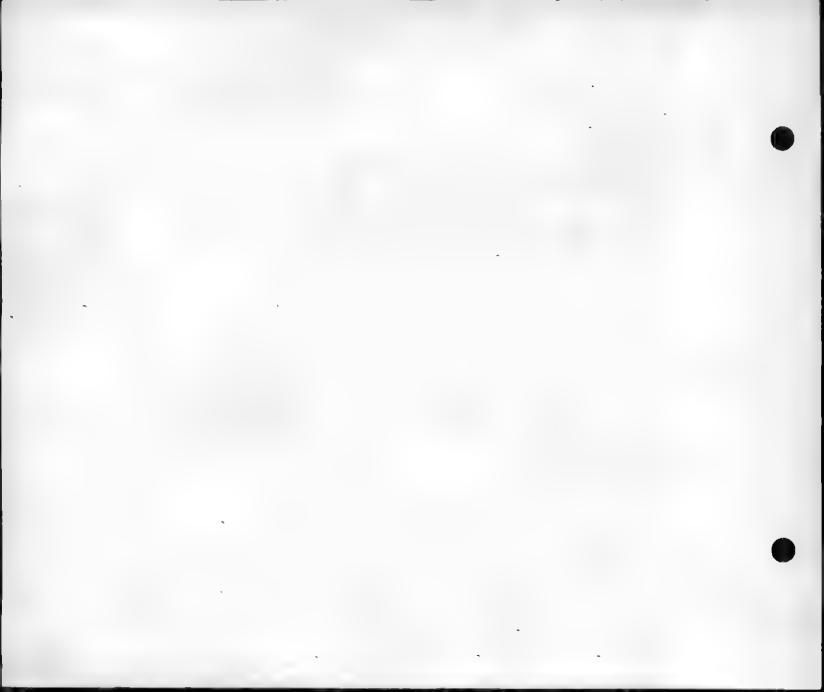
2 .		12724	CERTIFICATE	OF DEATH	12100
Lond Lond er death		PLACE OF DEATH, a. COUNTY HONTGOINERY	MARYLAND	2 USUAL RESIDENCE (When	e deceased ved, finistitution Residence before admission) b. COUNTY Weas hingles,
a din		CITY OR TOWN (If outside carparate firmits,	c LENGTH OF STAY IN 16	FRAGE 15 CV	e carparate i mits, write RURAL and give neorest town)
illed in by Pages. Pages. In 72 hours after	-	NAME OF HOSPITALOR INSTITUTION (If not in has	pital, give street address)	d. STREET ADDRESS	e IS RESIDENCE ON A FARM?
illed poppe	K	ensinglan GARLISAU		305 N. Ma	Aborery STreet: YES NO
1		NAME OF First DECEASED (Type or print) (Type or print)	Middle F	denouse 4.	DATE / Manth Doy Year OF DEATH Scrife ale. 12 1967
and complete remay carb in any ever	5	SEX 6 COLOR OR RACE 7 MAI		DATE OF BIRTH	9 AGE (n years FUNDER YEAR IF UNDER 24 HRS
rema rema n ony		and for any and blish .	DWED DIVORCED DIVORCED DIVORCED	lune. 16 /88	G 5/ VIS
anding physician and co mit. Then please remo ar removal, and in any	duri	ng most of working life, even if retired) HOME MAKER	OWN HOME	11. BIRTHPLACE (County & Sto	COUNTRY
physician en please aval, and	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM CELTA RO	
The The	15	JOHN E. RIDENOUR WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17 II	VFORMANT	
permit. The	(Ÿe	s, na, ar unknown) (If yes give war ar dates of service	J.	RS. KATIE WID	305 Mes Mulberry Street, DOWS, HAGERSTOWN, MARYLAND.
		18 CAUSE OF DEATH (Enter only one couse per li PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	eline for (a), (b), and (c).)	P Ather	OSCELLOSIS INTERVAL BETWEEN ONSET AND DEATH
signed by the burial-transit burial, cremat		Canditions, if any, which gove) (b)	Forobable M	yo car deal	I Intration I day
on signed by to but		nse to immediate couse (a), Stating the underlying couse		7	
as the	_	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBL	TING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITI	ON GIVEN IN PART I(a) 19 WAS AUTOPSY
icate ho for use Health	CATIO				PERFORMED? YES \(\begin{array}{ccc} \text{NO} & \text{IZ} \end{array}
FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the should be filed with the State Dept. of Health prior to	L CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part	For Part T of item 18)
r this detacl	MEDICAL	Hour o.m.		E OF NJURY (Hame, form, ory, street, affice bldg., etc.)	20f (C ty or tawn) (County) (State)
Affer Id be ne Stat		21. I certify that (I) (XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	attended the deceased from	death accurred at 1	7, to, that (I) (**) last, that (I) (**) last, M, from causes and an the date stated obove.
Shau ith #		220 SIGNATURE	14- , dild fild)		22b. DATE SIGNED /
DIRE ge 3 led w		a surrent	1 Let M.D		ector Staff 9/12/67
FUNERAL rector, page hauld be fi		22c. PHYSICIAN'S NAME (Type) FRED A. GU	Y M.D.		Y LANE, CHEVY CHASE, MARYLAND
N TE TE C		BURIAL, CREMATION, 23b DATE THEREOF REMOVAL (Specify)	23c NAME OF CEMETERY OR C		23d. LOCAT ON (City or Town) (County) (Stote)
	24	BURTAL 9/14/67 FUNERAL DIRECTOR	ROSE HTIL CE	METERY 2Sa RECD BY	HAGERSTOWN WASH CO MD REGISTRAR 25b REGISTRAR'S SIGNATURE
R A15 (4)]	CHAPTEC M DOWNERS		NIPED 1	0 4007 00% # 0 4 - 1



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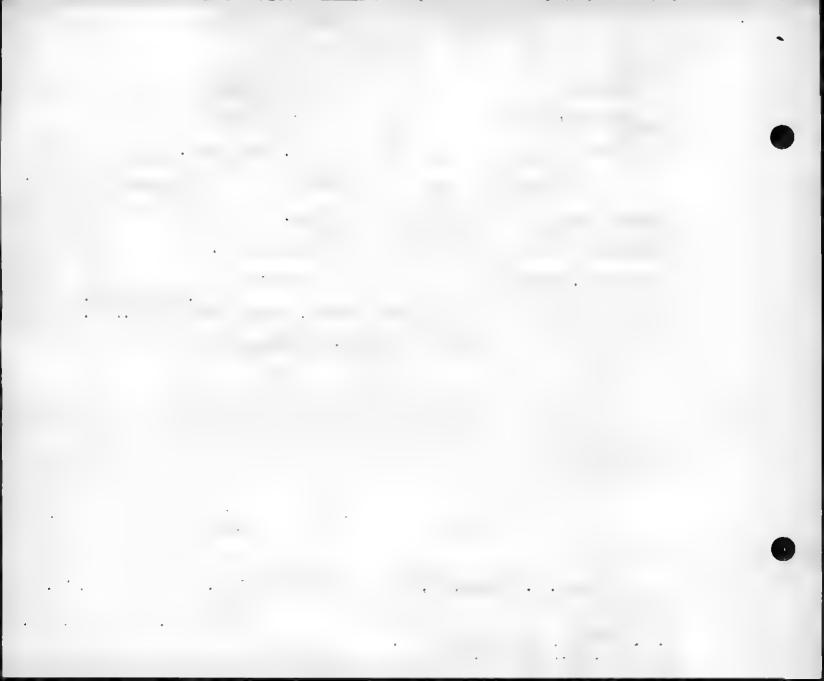
CERTIFICATE OF DEATH

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		COUNTY A COUNTY A
haurs after s. Pages haurs after	_	Maryland Maryland Maryland Montgomery
TO SE		(ITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
haurs in by rs. Pc thaur	П	akoma, Park 3/2 Silver Spring
= = = ~ ~ ~ 1 /	Г	. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) a STREET ADDRESS e IS RES DENCE
completely fulled in one refuted within 24 had one refuted pagers. y event, within 72 h	lι	Vashington San + Hosp. 1220 Dale Drive YES NOK
within Salary		IAME OF First Middle Last 4 DATE Manth Day Year
d difference of the state of th		1967 Per Print Charles Howard Ricaner Death Sept 9 1967
omplant of the content of the conten	5	EX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years FUNDER YEAR 1F UNDER 24 HRS
s execut and com- remave	1	late wh WIDOWED DIVORCED 5-4-01 last birthdoy) Months Days Hours Min
ate be exection and co		USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stole, or foreign country) 12 CITIZEN OF WHAT
ate be	dut	LISUAL OCCUPATION (Give king at work done in the kind of business or integral country) To any oct of working file, even if retired) Lawyer Pennscilvania U.S. 77
Ssical Ple Ple	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
eath certificate b anding physician init. Then please arremaval, and i		William H Rigarer Mary 1. School
Terren		WAS DECEASED EVER IN U.S. ARMED FORCES? () 16 SOCIAL SECURITY NO 17, INFORMANT, Address
that the death certificate be executed within an. by the attending physician and completely fillings pransit permit. Then please remaye cateon processing are remayed, and in any event, with	ĮΥe	s, na, ar unknown) (If yes give war or dates of service) 718-10-6060 Plitared to Rieger 1220 Date Dring (in
that the d an. by the atte transit perr crematian,		18 CAUSE OF DEATH (Enter anly one cause per fine for (a), (b) and (c).)
at l		PART I DEATH WAS CAUSED BY Cheute Coronery Occlusion ONSET AND DEATH IMMEDIATE CAUSE (a)
s that t cian. d by the -transit,		Yavi DUE TO The Area of the Company
equires physic signec burial burial		Conditions, if any, which gave) (b) (alonary Insufficiency 4 2 dea
		nse to immediate cause (a), stating the underlying cause DUE TO
e law r tending 1s been as the priarta		lost (1) [l'illustrellotte Heart Direase Devialge
	8	PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
AN: The solution of the soluti	3	anopia due to asperation of Vornitur 8/2 Day ag VIS X NO [
	14-	20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature al/Injury in Part I or Part II of item 18.)
SICI spirit spirit sed red red red red red red red red red r	CERT	OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
HY ho is c tach tach	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm 20f (City or town) (County) (State)
the det	E.	Haur a.m. While at wark at wark at wark
DIN by be Sto		21. I certify that (1) (this hospital) attended the deceased from October 19 57 to 9 Sept, 1967, that (1) (we) la
TEN med med the		saw the deceased alive an 1967, and that death accurred at 2.20 M, from causes and on the date stated above
TA SE CHIEF		220. SIGNATURE) ATTENDING MED STAFF 226 DATE SIGNED
OR ATTI be retain DIRECTOR je 3 shau ed with the		M.D. PHYS DIRECTOR LI PHYS. LI 7/9/6/
TAI AI C		22c. PHYSICIAN'S NAME (Type) RUSSELL B AVNOLDM. & 22d. ADDRESS 1106 Spring Street
SPITAL 4 may NERAL for, pag		The state of the s
TO HOSPITAL OR ATTER Page 4 may be retaine TO FUNERAL DIRECTOR: director, page 3 should should be filed with th	230	BURIA_ (REMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR (REMATORY 23d LOCATION (City or Town) // (County) (State)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	15	PHISTA DIRECTOR STEEL 21967 Norland Conetery Thanbersburg Pennsulvania
VR A15 (4)	1/	24 14 TORGLA TUENNE
25M 1/67	`	rner E. Pumphrey, Inc. Silver Spring, I'd. DATISEP 13 1967 fallows from



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301-W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12739 12730 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY Maryland Montgomery MARYLAND b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) **CLENGTH OF STAY IN 16** c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Bethesda (rural 113 days Lexington Park d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS ON A FARM? complétely, fil ed ove carbon page 47 E. Rennell Ave. Naval Hospital YES NO 30 3. NAME OF Middle 4. DATE First Month Rishel DECEASED 1967 RICHEL (Type or print) September Svlvia Rae DEATH event, AGE (n years lost birthday) IF UNDER 24 HRS 6 COLOR OR RACE 8. DATE OF BIRTH IF UNDER 1 YEAR NEVER MARRIED 7. MARRIED Hours 28 Sep. 1940 ond in ony WIDOWED DIVORCED Female Cauc 100 USUAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY Harrisburg, Pa. Housewife 13. FATHER'S NAME USA Svlvester U. Hammacher Erma Kinter 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 47 E. Refffell Ave. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) James A. Richel Lexington Pk., Md. 170 32 3316 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c))
PART I, DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH Dieabetus Mellitus, Juvenile, refactory DUE TO Conditions, if any, which gove rise to immediate couse (a). DUF TO stating the underlying couse has been lost. WAS AUTOPS) PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES _ NO certificate 200 ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20c. TIME OF INLURY Month, Doy, Year (City or town) (County) (Stote) factory, street, office bldg, etc.) Not While of work **DIRECTOR:** After 21. I certify that (% (this haspital) attended the deceased from June 13 1967 to Sept 29 1967 that (A (we) last be retained saw the deceased alive an 29 Sept. 19 67, and that death accurred at 1.15PM, from causes and an the date stated above. 220. SIGNATURE 22b. DATE SIGNED STAFF PHYS 30 Sept 1967 director, page 3 should be filed v M.D 22d, ADDRESS O HOSPITAL TO FUNERAL Naval Hospital, NNMC, Bethesda, Md. NAME (Type) Lt D. R. FOREMAN, MC, USN 23c. NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d LOCATION (City or Town) Camp Hill Camp Hill, Cumberland, Penn. 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 7557 Wisconsin Ave. VR A15 (4) 25M 1/67 1967 Wisconsin Ave. Bethesda, Maryland



12740

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

MARYLAND MARYLAND	2. USUAL RESIDENCE (Where deceased ved, f institution, Residence before admission) b (OUNTY)
	CITY OR TOUGHT I AND A SHARE OF THE PART O
b CITY OR TOWN (If outs de apporate I crits, write AltRAL and give newest town) A C SENGTH OF STAY IN 16 A G Y S // A // M.	c CITY OR TOWN (.1 outside corporate m ts, write RJRAL and g ve nearest town) S. Washington
d NAME OF HOSP, TAL OR INSTITUT ON (If not in hospital, give street (agrees)	4009 4 the St. S. E. Apt. 103 " IS RESIDENCE ON A FARM? YES \ NO IN
3 NAME OF DECEASED (Type or pant) POUL NMN RC	OACHER OF September 14 19/07
S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B DATE OF BIRTH 9 AGE (n / eors FUNDER 1 YEAR TIEUNDER 24 HRS est birthdoy) yrs Months Days Hours Min.
100 USUAL OCCUPAT ON (Give k abof work done during most of working life, even if retired) 100. K ND OF BUSINESS OR ZIS INDUSTRY 100. L ND OF BUSINESS OR ZIS INDUSTRY 100.) 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? U.S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15 WAS DECEASED EVER IN S ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (14 yes, no, or unknown) (14 yes give wor or dains of service)	Hospital Records 7600 CarvollAve.
IB. CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c)) PART I DEATH WAS CAUSED BY- IMMEDIATE CAUSE (o)	Ce Entreme Internal and DEATH
6194 DUE TO 2	ith and
Conditions, if ony, which gove nse to immediate couse (o), stoting the underlying couse DUE TO	with remornage,
lost. (c)	
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED T	O THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS ALTOPSY PREORMED? YES NO
200 EXTERNAL CAUSE WAS 200 DESCRIBE HOW INJURY OF CURRE PRIMARY & OF CONTRIBUTING CAUSE OF DEATH	D (Enter nature of injury in Part of Part II of item Struck querd
C I SAJSEDI DEATH	70000
No. THE OF MILITARY HEALTH DE VICE TO BE A PROTOTOR DE LOS	PLACE OF N.JRY Hime form, 20f (City or town) (County) (Stote) loctory greet, office lyting etc.) Wash, aust of Col
S 20c TIME OF INJURY Month, Doy, Year 20d N.J.RY OLORRED 20e 1	street Wash, Disting Col
20c TIME OF INJURY Month, Doy, Year 20d N. JRY OLO RED 20e 5 While Not While of work 21. I certify that I taak charge of the remains described abave,	held an Autapsy D. Inspection D. Inquiry D. and in thy apinion u cide, Harricide, Undetermined manner
20c TIME OF INJURY Month, Doy, Year 20d N. URY OCCURRED 20e 1 While Not While of work 21. I certify that I taak charge of the remains described abave,	held an Autapsy . Inspection . Inquiry . and in thy apinion
20x TIME OF INJURY Month, Doy, Year 20d N.J.RY OCCRRED 20e INJURY Month, Doy, Year 19 67 of While of work of work 21. I certify that I taak charge of the remains described above, death resulted from Natural causes Accident S ACTUAL	held an Autapsy , Inspection , Inquiry , and in my apinion of the MEDICAL EXAMINER
20x TIME OF INJURY Month, Doy, Year 20d N.JRY OCCRRED 20e 1 While of work of work 21. I certify that I taak charge of the remains described above, death resulted from Natural causes ACTUAL SIGNATURE EXAMINER'S	held an Autapsy Inspection Inquiry and in thy apinion u cide Hamicide Undefermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED DEPUTY MEDICAL EXAMINER 4/1/967 OR CREMATORY 23d LOCATION (City or Town) (Source) (Stofe)

VR A15ME (5) 6M 1/67

O DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to necessary, please execute the certificate, writing the ward "headral Examiner's Office along with form. PM3. Page

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If

5 may be retained far yaur files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a bunal-transit permit. File pages land 2 with the State Department of



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

273		Item	17	Film	CERTIF	TCATE	OF DEATI
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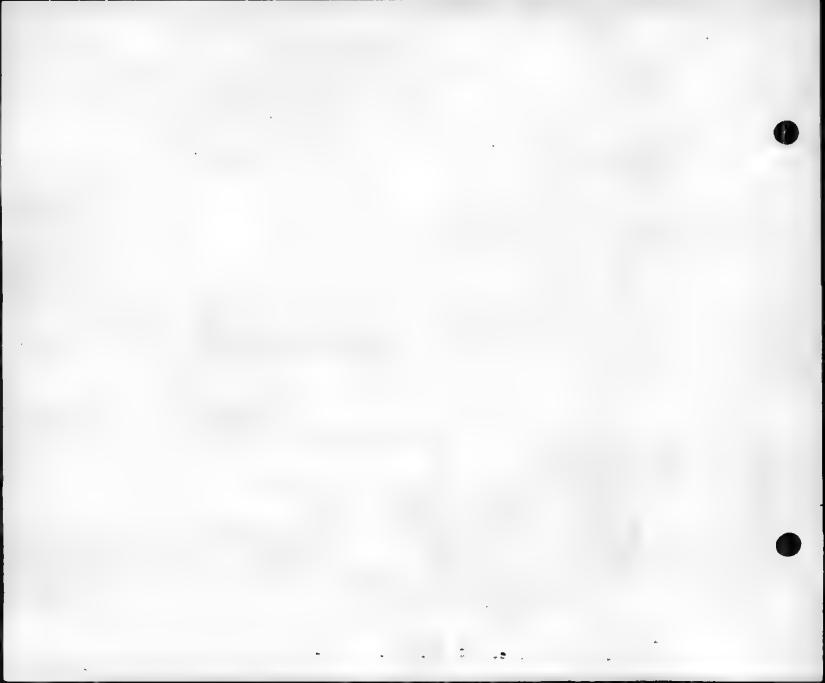
12741

	PLACE OF DEATH				on Residence before odmission)
	Montgomery	MARYLAND	o. STATE	h. COUN	Montgomery
	CITY OR TOWN (If outside corporate limits,	c LENGTH OF STAY IN 1b		side carparate limits, write RUR	
	write RURAL and give nearest fown)	9 mes.	Wheator	1	. ,
	NAME OF HOSPITAL OR INSTITUTION (If not in hospital,		I CYDELY ADDRESS		e IS RESIDENCE
6	Cheaton Nursing Home		HEAT BY STY	avery Dr.	ON A FARM? YES NO 🔀
	NAME OF	Middle	Lost	4. DATE Month	
	DECEASED (Type or print) Tames (/ Kob	ertson	DEATH 9	24 1967
\$	SEX 6 COLOR OR RACE 7 MARRIED	NEVER MARRIED	B DATE OF BIRTH	9. AGE (In years	Months Doys Hours Min
Y	nale white WIDOWED	DIVORCED	4-24-80	lost birthdoy) 87 yrs	
100		ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (County 8	State, or foreign country)	12 CIT ZEN OF WHAT COUNTRY?
001	Cherk, Kelined	Coal Co	Englas	7 d	USA
13.	FATHER'S NAME		14. MOTHER'S MAJDEN N	AME	
	I homes Kober	Cion	Unn	Wood	
15		SOCIAL SECURITY NO. 17.	NFORMANT W	Addre:	ss Rocky Lie, Ma.
(16	(If yes give war or dates of service)	- 1	2 144411 1607	butten 6/7	Aloteum Nr.
	18. CAUSE OF DEATH (Enter only one couse per line for	(a), (b), and (c))		<i>A</i>	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)	2 mouse	mount	na	ONSET AND DEATH
	The DUE TO	7			
	Conditions, if any, which gave) (b)	,			
	rise to immediate couse (a), (DUE TO				
	lost. (c)				
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART I(o)	19 WAS AUTOPSY
CERTIFICATION	generally al	a forest	00.00	1	YES NO NO
Z.	20o ACCIDENT WAS JNDERLYING ☐ 205. DE	SCRIBE HOW INJURY OCCURRED	(Enter poture of unium in P	ort Lor Port II of item 181	110 110 110
ERTI	OR CONTRIBUTING CAUSE OF DEATH	SERIBE HOW INJURY OCCURRED	frage noting of tubils at a	on to ton it of help to.)	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	NJURY OCCURRED 20e PLA	CE OF INJURY (Home, form,	20f (City or town)	(County) (State)
MEDICAL	Hour o.m. While		ory, street, office bldg., etc.)	201 (chi di lawiti	(2.014) (2.014)
2	p.m. 19 ot wor		And	Control Control	
	21. I certify that (I) (this hospitel) aften	ded the deceased fram_	fully , I	acoto septy	, 19@//that (we) last
	saw the deceased alive on 9/2	9 19 (, and the	f death accurred at_	6 M, fram causes	and an the date stated above.
	220. SIGNATURE	elles MI	D. PHYS	MED STAFF DIRECTOR PHYS	22b. DATE SIGNED
	22c. PHYSICIANS NAME (Type) MARY VIM	WAPLER	22d ADDRESS 8	Wise Av.	Beth Md.
230	BURIAL CREMATION, 236 DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d LOCATION (City or Toy	vr) (County) (State)
	RIMOVAL (Specify) 9/28/67	Forty for	Cimetivo	Fosty Fa	it Pa.
2	FUNEROUS COURTER & Sten Can	es ADDRESS Silver	Springs REC'D	BY REGISTRAR 25b. RE	GISTRAR'S SIGNATURE
777	when & Dumphany Inc. 843	4 Ga. Ave.	Md. WATECE	D 27 1967 0	Elian a Pardillo

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept at Health priar to burial, crematian, ar remaval, and an any event, within 72 haurs after death TO HOSPITAL OR ATTENDING PHYSICIAN: Tim law requires that the dilath certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

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VR A15 (4) 20 M 1/66



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12733

CERTIFICATE OF DEATH

1947.9

			CERTIFICATE	OI DEATH		16440
		PLACE OF DEATH		2. USUAL RESIDENCE (When	re deceased lived, if institution	Residence before/admission)
	(COUNTY Mon Tamery	MARYLAND	a. STATE MAN.	eland b. COUNTY	Man Comieres
	i	CITY OR IOWN (If autside carporate limits,	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If autoid	e corparate limits, write RURAL	and give negrost tawn)
		write RIRAT and give negret town)	1 day	Silver	- Aprina	
		NAME OF HOSPITAL OR INSTITUTION (If not in haspital, gi	ive street address)	d STREET ADDRESS	- January State of the State of	e IS RES DENCE
٥		Suburban Hoss	DITAL	8107 7	AHOVA	Dr. VES NO
	I	NAME OF DECEASED Type or print) Celia Bres	Middle Ro	PKIN 4.	OF SEATH	Doy Year 28 1962
	5 3	EX 6. COLOR OR RACE 7 MARRIEO	NEVER MARRIED 8	DATE OF BIRTH	9 AGE (In years IF	UNDER 1 YEAR IF UNDER 24 HRS.
	- 7	temale white widowed	DIVORCED .	8/15/01	(lost birthday) Mi	anths Days Haurs Min
	10c. duri		ND OF BUSINESS OR DUSTRY	Baltimo	200	12 CIT ZEN OF WHAT COUNTRY 2
	13.	FATHER'S NAME	,	14. MOTHER'S MAIDEN NAM		001011 V
		ISAAC Bress	ler	Tillie	BRES:	sler
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S 5, no, or unknown) (If yes give war or dates of service)		NFORMANT	Address	A
	(16	710 No.	Su	Isan Kurk	en a	bore
		IB. CAUSE OF DEATH (Enter only one cause per line for	(a), (b), and (c))			INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) ACUI	TE MYOCARS	DIAL INFAM	ection	ONDET AND DEATH
		420/ OUE TO				
		Conditions, if any, which gave (b)				
		stating the underlying cause DUE 10				
		last. (c)				
	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	7 .		ON GIVEN N PART 1(a)	19 WAS ALTOPSY PERFORMED?
2	E		es- Hypert			YES NO 🔀
	CERTIFICATION	20d ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED (Enter nature of injury in Port	I ar Part II of item 18)	
	MEDICAL			E OF INJURY (Hame, farm	20f (City or fown)	(County) (State)
	M.	Haur o.m. While at wark		ary, street, affice bldg., etc)		
		21. I certify that (1) (this haspital) attend	ed the deceased fram	9/15 196	7.10 9/25	, 1967, that (I) (we) las
		saw the deceased alive an 9/28	19 <u>67</u> , and that	death accurred at 1	M, fram causes and	I an the date stated above
		22a. SIGNATURE	7 - 2	ATTENOING ME	D. STAFF	22b. DATE SIGNED
		yeurs Make	ell M.D	PHYS DIR	ECTOR PHYS	7/28/67
/		22c. PHYSICIÁN'S NAME (Type) / EW15 CAH	4166	5411 Cea	las Lane 1	Beth. Md.
	230	BURIAL, CREMATION, 23b DATE THEREOF	23c NAME OF CEMETERY OR C	REMATORY	23d LOCATION (City or Town)	(County) (State)
	K	REMOVAL (Sperify) 10/2/67	Washington A	Velice W Cong. Con	Washingt t	n, D.C.
		FUNERAL DIRECTOR	ADDRESS O	250 REC'D BY		TRAR S SIGNATURE
	E	. DANZIANSKY & SONS-1	NASHINGTON	DATE OFT	9 1967 00	Unila, Judge.

TO MOSPITAL BR ATTENDING PHYSICIAN: The low requires that the demith certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the traditionary page 3 should be detached for use as the burial-transit permit. Then please remove carbay papers. Pages should be filed with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 hours after Page 4 may be retained by the hospital or attending physician. VR A15 (4) 25M 1/67



Item 21 Film 393 10-10- MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

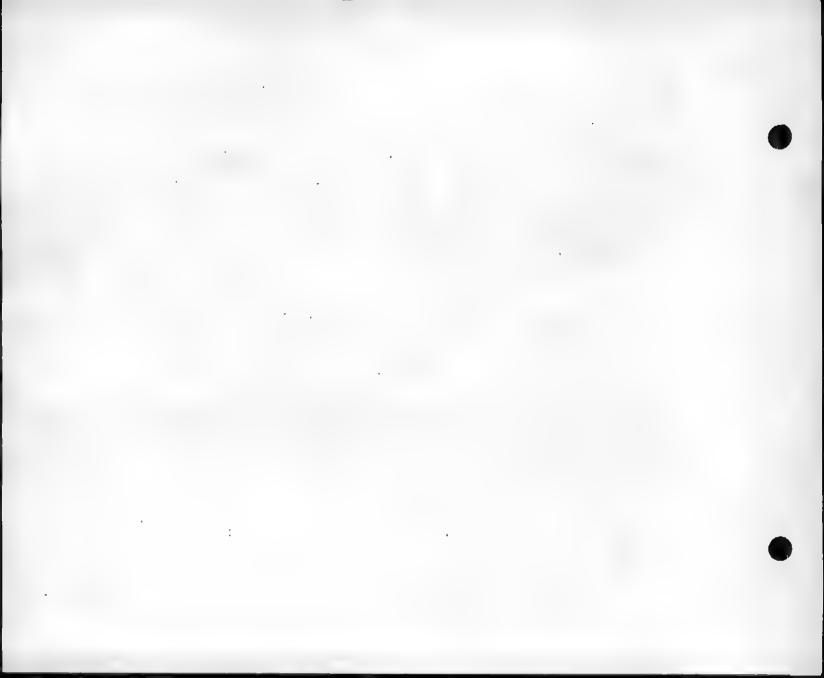
CERTIFICATE OF DEATH

12744

	PLACE OF DEATH o. COUNTY			2 USUAL RESIDENCE (W	There deceased lived, if inst	titut on: Residence befare	odmission)
	u. Countr	Montgomery	MARYLAND	Virgi			
	b CITY OR TOWN (If outside cor	rporate limits.	c. LENGTH OF STAY IN 15		side carparate limits, write	RURAs and give nearest	tawa)
	write RURAL and give neares Bethesda		149 Days	Norfolk			
-	d, NAME OF HOSPITAL OR INSTIT			d. STREET ADDRESS			IS RESIDENCE
1				1	4		ON A FARM?
	The Clinical Co				ktown Drive		S NO X
k .	NAME OF DECEASED	First	Middle	Lost	OF	Month Day	Year
	(Type or pant)	Betty	(NMN)	Roth	DEATH Sep	tember 14	1967
[5]	SEX 6. COLOR C	DR RACE 7. MARRIED	NEVER MARRIED B	DATE OF BIRTH	9. AGE (n years last birthday		Hours Min
	Gemale White		DIVORCED	31 August 19		, , , , , , , , , , , , , , , , , , , ,	Mail.
100	USUAL OCCUPATION (Give kind o	work done 10b. KIND	OF BUSINESS OR		State, or foreign country)	12 CITIZEN OF V	WHAT
dur	ing most of working life, even if re Sales lady	nasa) INDU	JSTRY	New Yor	rk	COUNTRY?	
13.	FATHER'S NAME			14. MOTHER S MAIDEN N		1 USA	
		1.1 *			Dec. 1 C. 1	4.1	
15	WAS DECEASED EVED IN IT C ASE	man Weiner	ICIAL SECURITY NO 17 II	NFORMANT	Pearl Schne	ddress	
(Ye	WAS DECEASED EVER IN U.S. ARM es, no, or unknown) (If yes give w				dical Record		
	No -		12-01-3738 The	Clinical Co	enter, Bethe		
	IB. CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS	CED DV				ONSE	I AND DEATH
	A / IMMER	DIATE CAUSE (0) Brond	chopneumonia			5 5	lays
	KUKU	DUE TO					
	Canditions, if any, which gave		otoxicosis wit	h Malignant	Exophthalm	1s 8 m	onths
	rise to immediate cause (a), stating the underlying cause	NIIC TO			ado		
	lost.	(c)					
]_	PART II OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(o)		VAS AUTOPSY
CERTIFICATION					(1)	′ P	ERFORMED?
E	200 ACCIDENT WAS UNDERLYING	G 20h DESC	RIBE HOW INJURY OCCURRED (Enter nature of innerven F	Part I or Part II of stem 18		-A
ERT	OR CONTRIBUTING CAUSE OF	DEATH		The state of might in t	The state of the s	,	
JA.	(IF EITHER, NOTIFY MEDICAL EXAL		URY OCCURRED 7 20e PLAC	E OF INJURY (Hame, farm	20f (City or town	(County)	(Cont.)
MEDICAL	20c TIME OF INJURY Month, I Hour a.m.	While -		.E. OF INJURY (Hame, farm, ory, street, affice bldg., etc.)	, 20f (City or town	(County)	(State)
₹	p.m.	19 of work	at work				
	21. 1 certify that (1)	(this haspital) attende	d the deceased from 18	April	967 . 1014 Sep	t, 1967, tho	t (10) (we) lost
	sow the deceased at	live on 14 Sept.	19 <u>67</u> , and that	death occurred at	10:05 ^M , from caus	es and on the date	stoted obove.
	220 SIGNATURE	/_		ATTENDING	MED. AM STAFF	22b. DATE SIGNED)
	H Benfer K	allieider M	d.m	PHYS	DIRECTOR PHYS	Sept. 1	4, 1967
	22c. PHYSICIAN'S			22d. ADDRESS T	he Clinical	Center, Nat	
	NAME (Type) H. Be	<u>enfer Kaltrei</u>	der, M.D.	Institute	s of Health.	Bethesda,	
230		30 DATE THEREOF	23c NAME OF CEMETERY, OR C		23d LQCATJON (City or		(State)
	REMOVAL (Specify)	7-17-101	Ch-coil		120,1	ack I	7
24	FUNERAL DIRECTOR	1161	ADDRESS		BY REG STRAR 25b	REGISTRAR'S SIGNATURE	The same of the sa
اً ا	1/2 0	(77.	, ,			ycharles &	udat.
L	3-61-67	1 / 1 / 62x	() par. 66 6	ALC. DATE SE	T. YA A MARI	The state of the	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely tilled in by the transically director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages, I age 2 shauld be filed with the State Dept. of Health priar to bur al, crematian, ar remaval, and in any event, within 72 haurs after death. FOR MOSPITAL OR ATTEMBING FORVILLIAM: The law requires that the Meath certificate be executed within 20 hours after Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 25M 1/67



5 moy be retoined for your files

VR A15ME (5) 6M 1/67

Items 18&21 Film 393 10-5-67 ams DIVISION OF

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12745

MARYLAND LENGTH OF STAY IN 16 Street oddress) Middle	2 USUAL RESIDENCE (Where deceosed lived, it institution. Residence before admission) o STATE b COUNTY c. C TY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d STREET ADDRESS e IS RES DENCE ON A FARM? YES NO
4 Nospital	9514 HALE PLACE YES NO
	(es) 4. DATE Month Doy Year
DIVORCED DIVORCED DI BUSINESS OR	8. DATE OF BIRTH 9. AGE (In years low months) 19. GT 19. GT
2063	TAVANISAH GEORGIA CUNTRE A. 14. MOTHER'S MAIDEN NAME UN KNORL N INFORMANT 1900 Address TOUSEVELE RES ATHANIEL A. MILLER SILVENDRING, M.D.
(b), ond (c)) cardial fai	ilure due to Stitial myocarditis
BE HOW INJURY OCCURRE	TO THE TERM NAL DISEASE CONDITION G VEN IN PART I(o) 19 WAS ALTOPSY PERFORMED? YES NO ED. (Enter noture of injury in Part I ar Port II of item 18)
Not While of twork Accident , St. 3c. NAME OF CEMETERY O	PLACE OF INJURY (Home, form, forton, forton), street, office bldg, etc.) Decide an Autapsy in inspection inspection in injurity and in my apinion in injurity in injurity and in my apinion in injurity in injurity in injurity and in my apinion injurity injurity. CHIEF MEDICAL EXAMINER in injurity injurity injurity injurity. DEPUTY MEDICAL EXAMINER injurity injurity injurity. DEPUTY MEDICAL EXAMINER injurity. DEPUTY MEDICAL EXAMINER injurity. 22. DATE SIGNED injurity. DEPUTY MEDICAL EXAMINER injurity. DEPUTY MEDICAL EXAMINER injurity. 23. DATE SIGNED injurity. 23. DATE SIGNED injurity. 24. DATE SIGNED injurity. 25. REC D BY REGISTRAR injurity. 25. REC D BY REGISTRAR injurity.
	DIVORCED DIF BUSINESS OR TRY AL SECURITY NO 1 (b), ond (c)) Cardial fa: CATH BUT NOT RELATED TO THE PROPERTY OCCURRED TO Work DIVORCED TO THE PROPERTY OF



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 12746 and 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if instruct on Residence before admission) MARYLAND C LENGTH OF STAY IN 16 carparate limits, write RURA, and give nearest town) executed within 24 haurs IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address) d. STREET ADDRESS NO 2 YES First 4. DATE DECEASED OF DEATH b (Type or pnnt) 19 6 SEX COLOR OR RACE AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS 7 MARRIED NEVER MARRIED DATE OF BIRTH iast birthday) Months Days Hours any WIDOWED DIVORCED and 10b KIND OF BUSINESS OR (County & State, or fareigh country) 12 CIT ZEN OF WHAT and in during most of working life, eyin i Pretired) COUNTRY? ADLSTRY ntractor ATTENDING PHYSICIAN: The law requires that the death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM or removal, Luiri Rubine Carmela/Pantalena 0 offending r WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO Address (Yes, no ar unknown) (If yes give war ar dates of service 79-24-8667 Mrs. Mar above address cremation, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY signed by t burial-trans burial, crem IMMEDIATE CAUSE (o) DUE TO Canditians, if any, which gave rise to immediate couse (a), DUE TO stating the underlying cause the hos been last. pridri 0.5 PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS' PERFORMED? Heolth No After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING I OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept 20e PLACE OF INJURY (Hame, form, 20d INJURY OCCURRED (Cry ar town) (County) (State) 20c TIME OF INJURY Month, Day, Year Hour a.m. Nat While factory, street, affice bldg, etc.) of wark at wark 2) I certify that (I) (this hospital) attended the deceased from the company of the company of the company of the company of the certify that (I) (this hospital) attended the deceased from the certify that (I) (this hospital) attended the deceased from the certify that (I) (this hospital) attended the deceased from the certify that (I) (this hospital) attended the deceased from the certification of the ce soge 3 should to filed with the S and that death occurred at 1067 saw the deceased alive on deca DIRECTOR: M. From couses and an the date stated above. 220 SIGNATURE STAFF DIRECTOR M.D. PHYS **ADDRESS** 22c PHYSICIAN S IO HOSPITAL TO FUNERAL NAME (Type be l director, 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BUR AL, CREMAT ON, DATE THEREO! Ft.Linc In Cenetary Colmar man r. Mc Uneral ADDRESS Mt. Ralis 1 126 REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE VR A15 (4 25M 1/67 Maryland Hema Inc.



		12733	CERTIFICATE	OF DEATH		12747
		PLACE OF DEATH Montgomery o. COUNTY	MARYLAND	2 USUAL RESIDENCE (W o STATE Maryle	there deceased lived, if institution b. (OUNT)	Residence before admission)
		b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If out	side corporate writs, write RJRAI	and give represt town)
: 1	-	Gaithersburg, d. NAME OF HOSPITAL OR INSTITUTION (If not	n haspital, give street address)	d street address ou	Beverly Road	e IS RESIDENCE ON A FARM?
)	3	Asbury Methodist NAME OF First	Middle	Last	4 DATE Month	YES NO X
F		DECEASED	fford Saltzman	1031	OF DEATH Septemb	Doy Year er 24 1967.
				B. DATE OF BIRTH 18	77 9, AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
		Male White	WIDOWED DIVORCED	Jan. 1- 183		8 23
	dur	SUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)	106 KIND OF BUSINESS OR Print			12 CITIZEN OF WHAT COUNTRY?
		<u> Printer - Retired</u> FATHERS NAME	U.S. Gov't Office	Marusville,		U.S.A.
		George Weshing Saltz	man	Susan Amar		
	15.	. WAS DECEASED EVER IN U.S. ARMED FORCES?	16 SOCIAL SECURITY NO 17	INFORMANT	4004 Bewe	
	17	(If yes give war or dates at		adys S. Burg	ess Rockville	
		IB. CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o	per line for (a), (b), and (c).)	Hent %	arlung:	INTERVAL BETWEEN ONSET AND DEATH
		Canditions, If any, which gove) (b	11/1 1/2000	O Infare	lion	5 days
		rise to immediate cause (a), stating the underlying cause lost.	N'/n P	Lie Hear	Decian	Unerlain
٩.	CAT ON	PART II. OTHER SIGNIFICANT CONDITIONS COM	TRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES NO
	CERT F	200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	206 DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in P	art For Part II of item 18.)	
	MED CAL	20c TIME OF INJURY Month, Day, Year Haus a.m. p.m. 19		CE OF INJURY (Hame, farm, lary, street, affice bldg, etc.)	20f (City or town)	(County) (State)
			al) attended the deceased from		67, 10 Sept 24	_, 1967, that (I) (+++) las
		saw the deceased affive an_4	14 29 146 1, and ma	i death accurred at	Trom causes an	d on the date stated above
		Yame	Wrgan M.		MED STAFF DIRECTOR PHYS	9/24/67
0		PHYSICIAN'S NAME (Type) Pr. James 1	V. Egan	22d ADDRESS 5-4/3	Poda Lane	2060 Bokerla Md.
th	230	Burial, CREMATION, 23b. DATE THER! Shove (Specify) Sept. 27	, 1967 Fort Lincol	n Cemetery	Prince George	a County, Md.
	(1)	arner E. Pumphrey, 9	Affron 8434 Ageorgia A		BY REGISTRAR 256 REGIS	STRAR'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the further director, page 3 should be detached for use as the burial-transit permit. Then please remove corporagoners, Pages 1 and 2 and TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aft Page 4 may be retained by the hospital or ottending physicion.

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S. SEX les! CERTIFICATION MEDICAL

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Bernard Danzansky & Sons

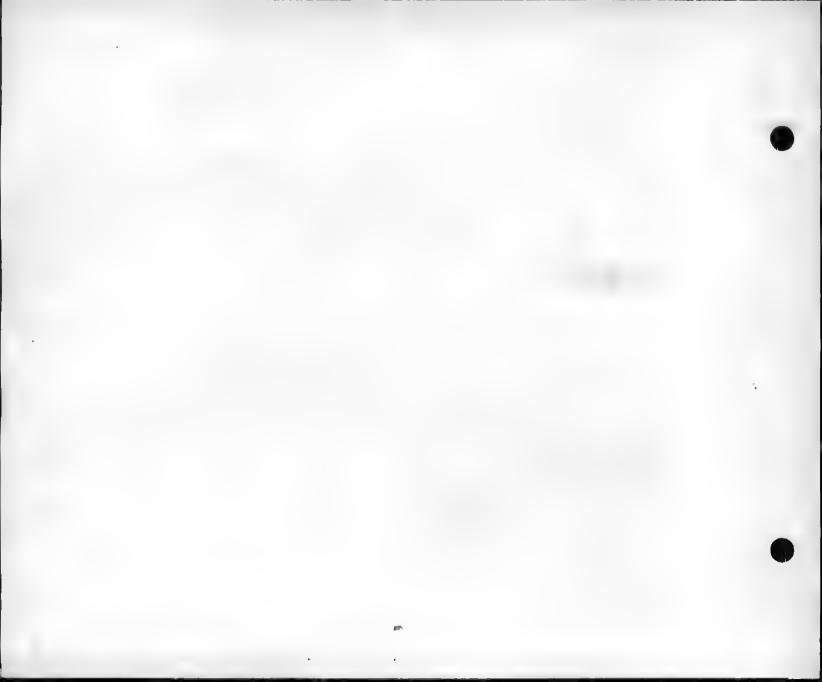
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

739 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) b. COUNTY o. COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carpardie immits, write RURAL and give nearest town) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? NO NAME OF First Middle 4. DATE Last Month Day Year DECEASED (Type or print) OF NINA 3 196 DEATH IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** (ast birthday) Months Hours Days WIDOWED DIVORCED 10g JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & State or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY KU55/a SeamsTress 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAMI Sandbrenka INFORMANT WAS DEC. ED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO. Address (Yes, na, ar unknown) (If yes give wor or dates of service) Sanders 16 Butterworth 1B. CAUSE OF DEATH (Enter only one cause per line for (a), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS) PERFORMED? NO YES -200 ACCIDENT WAS JNDERLYING HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Dov. Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (City or town) (County) (State) Hour a m. Nat While factory, street, affice bldg , etc.) at work at work 21. I certify that (I) (this-hospital) attended the deceased from saw the deceased alive on and that death occurred at 650 AM, from couses and on the date stated above 220 SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS DIRECTOR PHYS 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) BURIAL, CREMATION. 23b DATE THEREOF 23d LOCATION (City or Town) (State) (Caunty) REMOVAL (Specify)
Burial 9/5/67 Har Jehuda Cem North Darby Pennsylvan 2Sb REGISTRAR'S SIGNATURE 2So REC'D BY REGISTRAR 24. FUNERAL DIRECTOR

St. NW, Wash. DCDATE

TO FUNERAL DIRECTOR: After VR A15 (4) 25M 1/67

O HOSPITAL Page 4 may



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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	CEKTIFICA	ATE OF DEATH	20120
1.	PLACE OF DEATH COUNTY MONTGOMERY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Reside o. STATE BAND B COUNTY 10	ence before admission) NTGS MERY
	b CITY OR TOWN (If outside corporate limits, white RURA) and give nearest lown)	c CITY OR TOWN of outside corporate limits, write RURAL one	give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUT ON 1100, SCHINDLER DRIVE	1100 SCHINDLER D	IS RESIDENCE ON A FARM? YES NO PO-
3	NAME OF DECEASED (Type or print) NICOLA First Middle	SCAMP6L1 4. DATE Month OF DEATH	24 1967
S	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH OCT. 12, 1908 9 AGE (In years of International Intern	Doys Hours Min.
10	d LSUAL OCCUPATION (Give kind of work done of the local loca	USTRY 11 BIRTHPLACE (Stole or foreign country) 12.CI	U. S.A.
13	FATHER'S NAME SCAMPOLI	ROSAIRA 17. STIVALET	71
	. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (If yes, give wer or dates of service) 577-10 -/343	NATILIE KOLLEY Address)
Г	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Carcinome	a of Stomach with	ONSET AND DEATH
	(b)	tastase	
_	gove rise to immediate couse (a), sloting the <u>under</u> DUE TO lying couse lost.		
ICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU		ART 1(o) 19 WAS AUTOPSY PERFORMED? YES NO
AL CERT.	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Port I or Port II of item 18.)	
MEDIC		PLACE OF INJURY (Home, form, 20f. (City or town) octory, street, office bldg., etc.)	(County) (Stote)
	21 I certify that (I) (this haspital) attended the deceased from saw the deceased alive on 9-23 1967 and that	death occurred of 274M from the causes and an the	4. That (I) (we) lost the date stated above
	Barnard a ditylealof	M D ATTENDING DIRECTOR STAFF	22b, DATE SIGNED
	22c PHYSICIAN'S NAME (Type) BERNARD A. FITZGERALD	21) UNIU-BLOBE, SILVER SI	PRING MIL
23	BURIAL 9-27-67 MT. OLI	VET WASH.	D. C.
24	FUNERAL DIRECTOR'S SIGNATURE HANDAY FINERAL HOHE W	95H. J.C 250. REC'D BY REGISTRAR 256 REGISTRAR'S	SIGNATURE JUDGE

funeral director, 2 should be filed with ond

after death. Page 4

TO FUNERAL DIREC. After this certificate has been signed by the ottending physician and campletely filted in page 3 should be detoched far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 hours after death

TO HOSPITAL OR ALTENBING BINTICIAN: The lam requires that the disoth certificate by executed within 24 hours

VR A1S (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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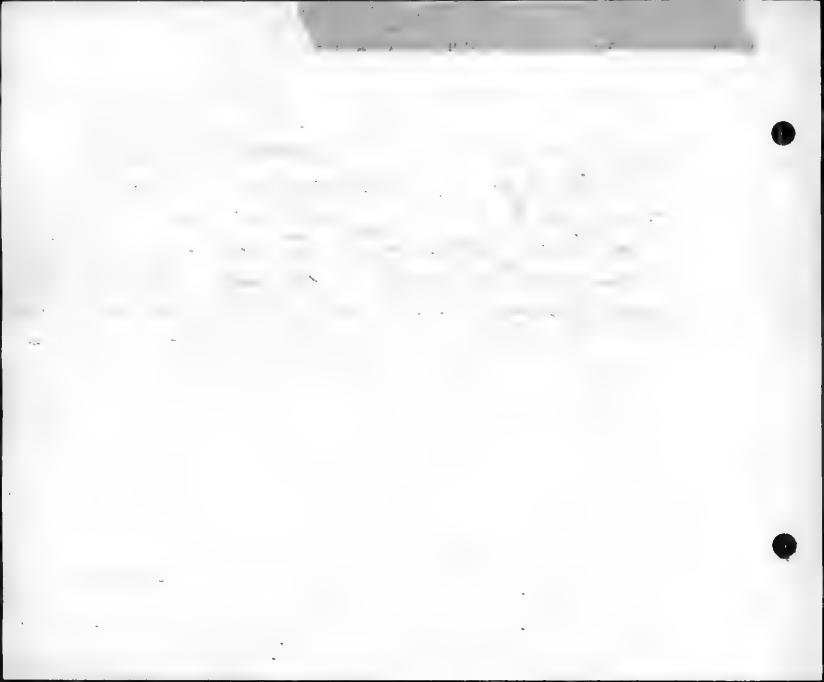
			CERTIFICATE	OF DEATH	Jk 7	2750			
		PLACE OF DEATH		2. USUAL RESIDENCE (When	e deceased lived, if institut an Reside	nce before admission)			
	· ·	Montgomery	MARYLAND	Maryland					
	1	EITY OR TOWN (If autside carporate limits,	c LENGTH OF STAY IN 16	CITY OR TOWN (If outside	carparate limits, write RURAL and giv	ve recrest town)			
		write RURAL and give nearest town) Bethesda		Bethesda					
		d. NAME OF HOSPITAL OR INSTITUTION (If not in	hospital, give street address)	d STREET ADDRESS	Apt. 12	e IS RESIDENCE ON A FARM?			
*		5300 Westbard Ave		5300 Westb	ard Avenue	YES NO			
-		NAME OF First	Middle		DATE Manth	Doy Year			
•		DECEASED Lillar	n R. S	chafer	OF Sept.	24 167			
	1	SEX 6 COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9 AGE (In years IF JNDER	YEAR OF UNDER 24 HRS			
_		A CATAL MATTER OF	WIDOWED 💂 DIVORCED 🔲	Int v 14.1877	7 90 yrs Manths	Days Hours Min.			
		USUAL OCCUPATION (Give kind of work done ing mast of working life, even it retired)	TOD KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County & Sto	ote, or foreign country) 12 C	ITIZEN OF WHAT			
		Housewife FATHER S NAME	own home	District o	of Columbia	U.S.A.			
		Julius Eisenbeis	ss	Susanna	Schaffer				
	1S.	WAS DECEASED EVER IN U.S. ARMED FORCES? is, ng, ar unknown). (If yes give wor or dotes at ser	16 SOCIAL SECURITY NO. 17	INFORMANT	9214 Cedar	War			
	(10	NO —————	All	pert F. Esch	1 Bethesda	Md			
		B. CAUSE OF DEATH (Enter only one cause p. PART I. DEATH WAS CAUSED BY:	of the for (a), (b), and (c))	ocular S	Thrombosis	ONSED AND BLASHS			
DUE TO DUE TO DE DO DE DO DE									
		Conditions, if any, which gave (b) isset to immediate couse (a).	generalis.	cer CEME	negan res	0 4/65.			
		stating the underlying cause (c)	0						
1	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	RIBUT NG TO DEATH BUT NOT RELATED TO	THE FERMINAL DISEASE CONDITI	ON GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES NO			
	CERTIFICATION	200 ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part	For Pert Lafitem 18)				
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		ICE OF NJURY (Hame farm, tory, street, affice bldg., etc.)	20f (C.ty or town) (Co	ounty) (State)			
		21. I certify that (I) (this hospital saw the deceased alive on		7/15/657, 19	ta 2/24/67, 19 AM, from causes and an 1	, that (i) (we) last			
		220 SIGNATURE 22b DATE S GNED, ATTENDING MED. STAFF 22b DATE S GNED,							
1		22c PHYSICIAN'S NAME (Type) ONENTRY CI	Sarles MD	22d ADDRESS	der Lane Be	there mo			
	23a	BUR AL CREMATION, 23b. DATE THEREO	DF 23c. NAME OF CEMETERY OR	CREMATORY	23d, LOCATION (City or Town)	(County) (State)			
	E	REMOVAL (Specify) 9/27/67	Prospect F	1111	Washington				
	29	FUNERAL BIRECTOR	ADDRESS	A H CO 2SO REC'D BY		SIGNATURE			
	16	D. Howles Monor Mo	11 5/30 Wesc. a	DATSEP	28 1961 Julian				

IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-tronsit permit. Then please remove carbon papers. Pages 1 dits should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any great within 72 hours after dear Page 4 may be retained by the hospital or attending physician. VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12752	
HEALTH DERT.	1 PLACE OF DEATH a COUNTY MARYLAND 2 USUAL RESIDENCE (Where degrased lived, it institutions: Residence below a STATE b COUNTY	e admission)
and 3 M3 PM3 Pr	b. CITY OR TOWN (If autside apparate limits c 1ENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give neares write BURAL and give neares 2000 at 2000 a	1 tawn)
es 1, 2, form P form P	d NAME OF HOSPITAL OR INSTITUTION (II not in haspital, give street address) d STREET ADDRESS	e IS RESIDENCE ON A FARM? YES NO X
Pag th	3 NAME OF First Middle Lost 4 DATE Month Day OF (Type or print) Hony 4 UM SCHOCKEDY DEATH SECT. 2	Year
after a Girang alang	S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BYRTH 9 AGE (In years IF UNDER I YEAR INTO A WIDOWED DIVORCED 12/3/12 Structure Widowed Months Days	IF UNDER 24 HRS Hours Min
hin 24 haurs of neal in Item 18 niner's Office a pages land 2 w ers after death	100 USUAL OCCUPATION (Give kind of work dopo during most of work dopo during most of working into even it retired) (TWCF) (SUD OF BUSINESS OR UNIVERSE OF COUNTRY) (COUNTRY)	
within 24 pencil in Examiner's Fie pages	13 FATHER'S NAME 14 MOTHER'S MA DEN NAME 15 MOTHER'S MA DEN NAME 16 MOTHER'S MA DEN NAME	S 171
uted ical mit n 72	15. WAS DECEASED EVER IN V ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no. or unknown) (If yeygyle wor or dorless) service) 412-48-5641	52.mo
d be exmuted "pending" it Chief Medical I transit permit	RE CAUSE OF DEATH (Enter only op couse per line for (a), (b) and (c)) PART I DEATH WAS CAUSED ON ON	ERVAL BETWEEN SET AND DEATH
out war he iak-1	9040 IMMEDIATE CAUSE (a) Sept carries and Thurling Brum 1-17-17-15 - 61 Goodstions, il ony, which gave) (b) Frocture of Right Hip - 9	months
certificate sh , writing the orwarded to t used as a bur aval, and in a	rise to immediate cause (a), stating the underlying cause (c)	
ate, writing the forwarded to be used as a lemand, and in	PART II OTHER'S GNIFICANT CONDIT ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION G VEN IN PART I(0) 19 Chown glomerulo nephritus	WAS AUTOPSY PERFORMED? ES NO
VIR: This certificate nould be fes. should be a should be and, or reme	Chronic Glomerulo Neperitus 200 EXTERNAL CAUSE WAS PR MARY ST Or CONTRIBLING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 11 of item 18) Fall at home - Causery fraction of Rt His.	253
the ce 4 shau ur files ge 3 sha	20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 2De PLACE OF INJURY (Hame, larm foctory, street, allice bidg, etc.) While Not While foctory, street, allice bidg, etc.)	(State)
AI EXT execute r Page for your OR; Page		in my apıntar
thease of directal directal etailined DIRECT to bur	ACTUAL O P P P P P P P P P P P P P P P P P P	22. DATE SIGNED
EEEETTY ecessary, p ne funeral may be re FUNERAL ealth prior	SIGNATURE EXAMINER'S NAME (Type) SIGNATURE AND ASSISTANT MEDICAL EXAMINER LI DEPUTY MEDICAL EXAMINER LI Sept. 2, 19 Address (Street, city, town, or county)	67
necessa the fun 5 may 70 FUNE	230 BURIAL (REMATION REMOVAL (Specify) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County Burial (Specify) Sept. 6, 1967 Fort Lincoln Cemetery Prince Georges Co. M.	
VR A15ME (6)	Burial Specify Sept. 6, 1967 Fort Lincoln Cemetery Prince Georges Co. M. John B. Thomas Shubbling ADDITSH Georgia AURIS RECISTRAR SIGNATURE Warner E. Pumphrey Funeral Home Silver Spring, MatSEP 8 1961 JULISTER Y	RE .
10	The state of the s	8



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12751 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) PLACE OF DEATH a. COUNTY **6 COTENTY** Montgomery Maryland MARYLAND Montecomer 24 hours after C LENGTH OF STAY IN 16 c. CITY OR TOWN (if gutside carparate firmts, write RURAL and give negrest town) b. CITY OR TOWN (If outside carporate I mits, write RURAL and give nearest tawn) Kensington 6 Months IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS Carroll Hall Tursing Carroll Ilace YES NO IS 3. NAME OF Firs1 Middle Last 4. DATE Month Year DECEASED ANNE SCOVELL Sept in any event, DEATH (Type or print) IF UNDER 24 HRS The law requires that the Beath certificate be executed S SEX 9. AGE (In years IF UNDER 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH remove ast birthday) Haurs Female White WIDOWED DIVORCED and 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT 10g USUAL OCCUPATION (Give kind of work done attending physician ar permit. Then please r ion, or removal, and in during most of working life, even if retired) COUNTRY? INDUSTRY Librarian Retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 6 4 John Hicks Sarah Longton 15 WAS DECEASED EVER IN L.S. ARMED FORCES?
(Yes, na, or unknown) (if yes give war or dates of service) 16 SOCIAL SECURITY NO Address cremation, or r Item 2. 18 48 None E. Hekimian INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit p burial, crematic ONSET AND DEATH PART I. DEATH WAS CAUSED BY: EHYDRATION 4)EEK IMMEDIATE CAUSE (a) **a Hospital OR ATTEINING PHYSICIAN:** The faw requires the Page 4 may be retained by the hospital or attending physician. DHE TO BRAIN SYNDROME YEAR Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause prior to O FUNERAL DIRECTOR: After this certificate has been the ERIOSCLEROSIS last WAS AUTOPSY PERFORMED?

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20g ACCIDENT WAS UNDERLYING [3]

205. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.)

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20c TIME OF INJURY Month, Day, Year Haur am.

While

Not While at wark

20e PLACE OF INJURY (Home, form, factory, street, affice bldg., etc.)

(City or town)

(County) (State)

NO L

, 19 63, to 9-29 21. I certify that (I) (this hospital) attended the deceased fram 6 - 4and that death accurred at 1:20 AM, from causes and on the date stated above. saw the deceased alive/an 9 22a SIGNATURE 22b. DATE SIGNED

			-					
224.	PHYSICIAN'S NAME (Type)	5A	M	UEL	A.	HI	441	AN

DIRECTOR

8829 FLOWER 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)

(County) (State)

Bur AL (Specify) 24. FUNERAL DIRECTOR

23a BURIAL CREMATION.

23b DATE THEREOF 10-3-67

Arlington Natl

Cem. 2Sa REC'D BY REGISTRAR DATEOCT 3

Arlington, 25b. REGISTRAR'S SIGNATURE

VR A15 (4) 20 M 1/66

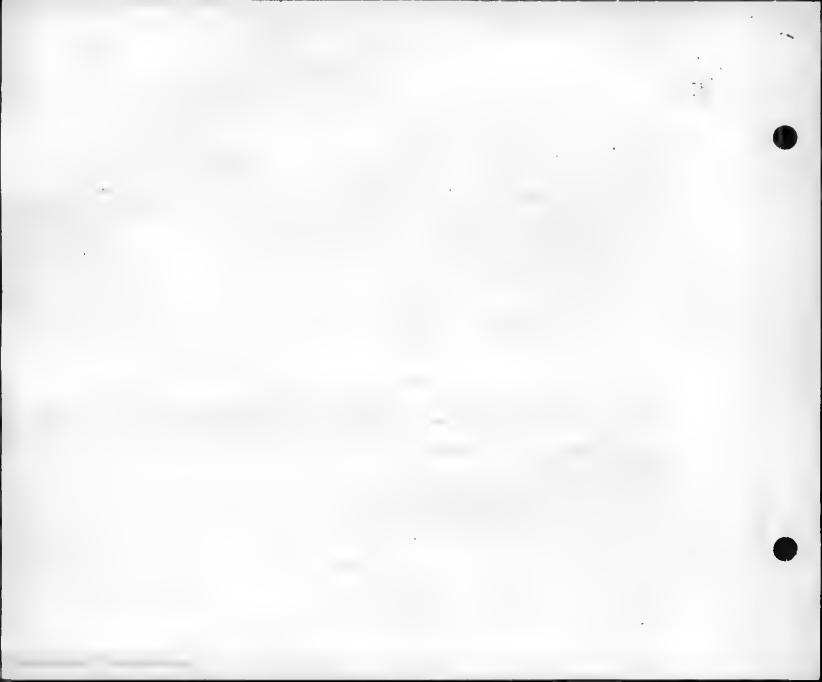
director, should be

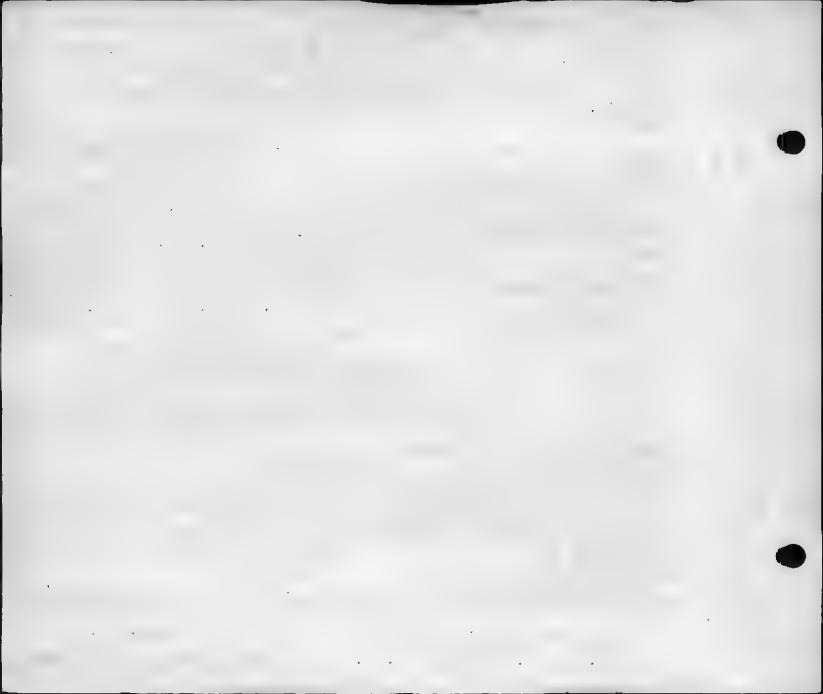
, page 3 should be detached for use be filed with the State Dept. of Health MEDICAL EXA

EX2

ROBERT A. PUMPHRIA, Bothesda, Haryland

196



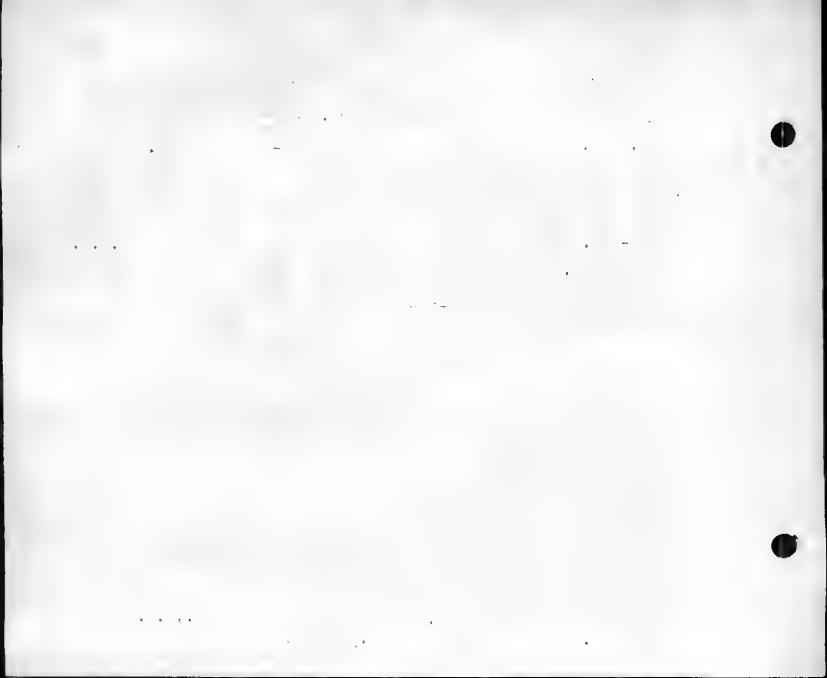


TO FUNERAL DIRECTOR: After this certificate has been signed by the aftending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any prent, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death.

MADVIAND STATE DEDADTMENT OF HEALTH

		MWKI PWIAD 21							
	DIVISION OF STATISTICAL	RESEARCH AND	RECORDS, 3	301 W.	PRESTON	STREET.	BALTIMORE 1.	MARYLAND	
-4	007		, .					100-1011 - 111-	
	7 (4:3)	CEDT	IFICATE	OF	DEATH			3 6 N H	s
_	M & R V	CEKI	ITIVALE	Ur	DEALL			1275	3

ı	1. PLACE OF DEATH a, COUNTY					2. USUAL RESIDEN	ICE (Where deci			nce before	admission)
١	Montgome:	rv		MADY	/LAND	a. STATE	nd	b. cour	ity onteom	O 3011	
ŀ	b. CITY OR TOWN	(If outside corpora	te limits,	C. LENGTH OF STA		Maryla c. city or town (f outside corp	orete limits, wr	Ite RURAL and	give heer	ast town)
ı	Takoma Pa	and give nearest tov	rn)	2 days	10 h			ma Par		/	1
ŀ		PITAL OR INSTITUTION	ON (If not in hos	pital, give street	address)	d. STREET ADDRESS		ma Lar	Α ,	6. IS RE	SIDENCE
ı	Wash. Sa			bitail Bito on our	add (0 v o)	7504 -		l Ave.		ON A	FARM?
ŀ	3. NAME OF		rst	Middle		Last	4. DATE	Mont) [ear
ı	DECEASED (Type or print)	Cla	ra	Hazel	S	ellars	OF DEATH	Se	n 2	5 19	67
ľ	5. SEX	6. COLOR OR RACE	7. MARRIED [NEVER MARRIE		8. DATE OF BIRTH	9.	AGE (In years)	IFUNDER 1 YE	ARIFUND	ER 24 HRS
Л	Female	White	WIDOWED [<u>-</u>		8/4/1905	6	last birthday) 2 yrs.	Months Day	s Hour	s Min.
) <u>'</u>	10a. USUAL OCCUPATI	ON (Give kind of work	donel 10b. Kil	D OF BUSINESS OF		11. BIRTHPLACE () 12, CITIZ	EN OF WHA	\T
ı	during most of working	r. Roomin	e Hous	DUSTRY		Montana			U.S.		
ľ	13. FATHER'S NAME	E	D MOND	<u> </u>	•	14. MOTHER'S MAI	DEN NAME		10.00	23.0	
1	4 George	s. Cong	er			Da	isy Ma	rr			
ľ	15. WAS DECEASED E (Yes, no, or unkown)	VER IN U.S. ARMED FO	RCES? 16. S	OCIAL SECURITY NO	0. 17.	INFORMANT		Addre	ss		
ł	NO NO	(11 yes pive war or dates c	57	8-22-22]	ii :	Hospital	Record	8			
ľ	18. CAUSE OF D	EATH [Enter only on								TERVAL B	
ł		ATH WAS CAUSED BY IMMEDIATE CAUSE	: (achal	/.	comma line	e. 6			NSET AND	DEATH
ı	201X	DUE		711 17 44		1	7				
1	Conditions, if a		(b) C	enella al	m /	as Tarins	edin mo	1			
1	gave rise to		. ,								
1	cause (a), sta underlying cause	article rate ((c)						-		
ı	PART II. OTHERS	IGNIFICANTCONDITI		ING TO DEATH BUT	NOTRELA	TED TO THE TERMINAL	DISEASE COND	ITION GIVEN IN	PART1(a)	9. WAS	AUTOPSY RMED?
Я	<u>EA</u>									YES T	NO T
٠	PART II. OTHERS	WAS UNDERLYING	20b. DE	SCRIBE HOW INJU	RY OCCU	JRRED. (Enter neture (of Injury in Pa	rt I or Part II o	f Item 18.)		
		NG CAUSE OF DEA IFY MEDICAL EXAMI	NER)								
1	20c. TIME OF I	NJURY Month, Day,	Year 20d. IN.	URY OCCURRED	20e. PLA	CE OF INJURY (Home,	farm, 20f. (City or town)	(County		(State)
ı	20c. TIME OF II		While at work	Not While at work	1000	1, 31 000, 011100 0108.,	0(0.)				
1	21. I certify	that (I) (this hos	pital) attended	the deceased t	rom		19 / to_		19	that (I)	(we) last
ı	saw the dec	eased alive on		19,	and that	t death occurred at	ZIMM, fro	m the causes	and on the	date state	d above.
1	220. SIGNATUR	E //	1	1		ATTENDING	MED	STAFF	22b. DATE	SIGNED	
ı	NO	man H	1/11	benslenn	M.D		DIRECTOR	STAFF PHYS.			
ı	22c. PHYSICIAI NAME (Ty		1 /2.			22d. ADDRESS					
											m1 - 4 - 3
1	23a. BURIAL, CREMI REMOVAL (Spe Buria	ATION, 23b. DATE	4	23c. NAME OF C				CATION (City, to) (State)
	Buria 24. FUNERAL DIREC	TOO		Mt.Olive	3 L C	amarar, A	FOID BY DECIS	h., D.C	CUCTDAD'S S	CNATURE	
	Home In		7's Fun	eral l	Vt.R	ainieresa. Ri y la no		967	lander	Judg	4
	110				Mar '	DATSE	P 29 1	301		7 0	



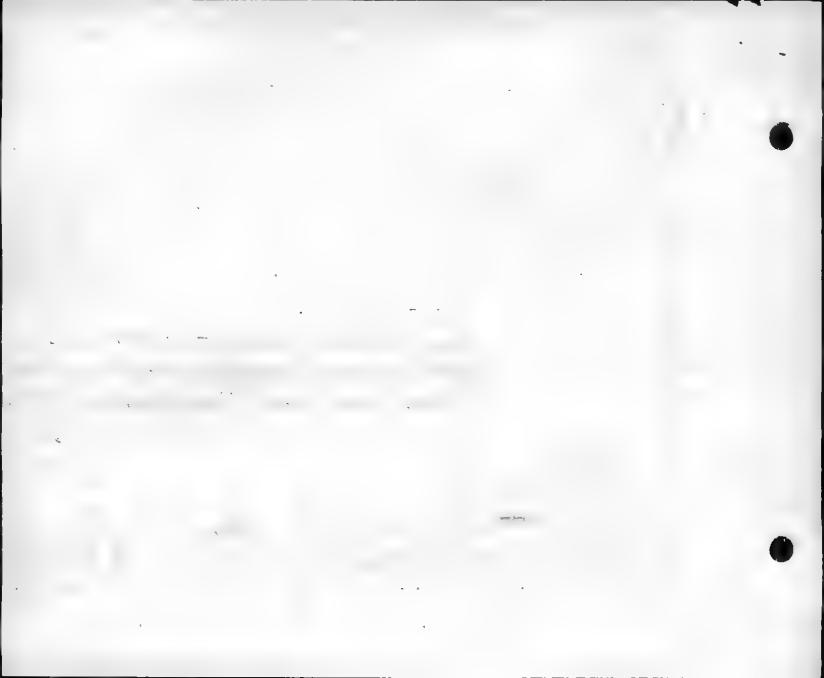
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

12755

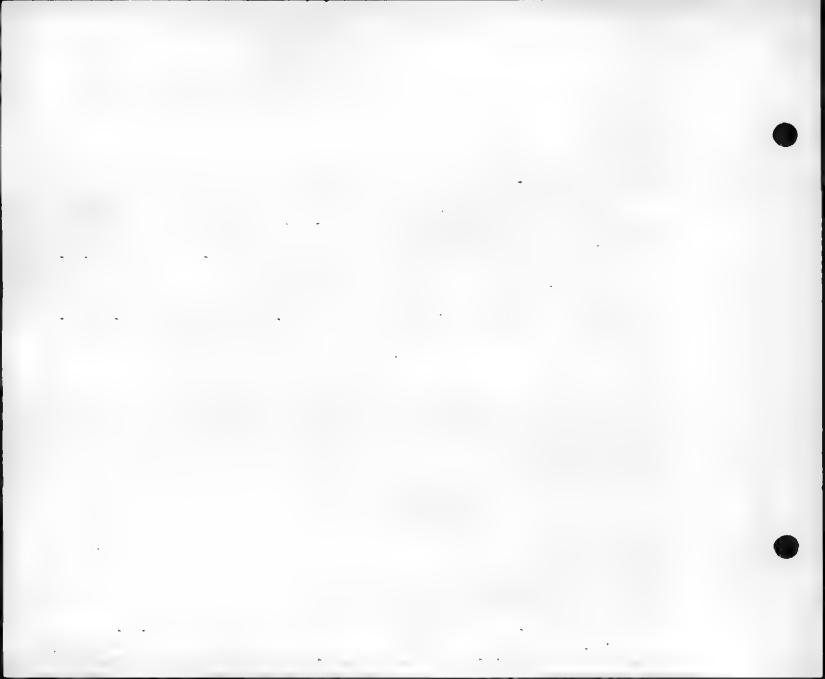
deat deat	1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission)
. 5	O COUNTY MONT C-OMERY CO, MARYLAND O STATE MARYLAND b. COUNTY
by the Pages ours offe	h. CITY OR TOWN (If guitade comparete limits C. LENGTH OF STAY IN 1h C. CITY OR TOWN (If guitade comparete limits write PUPAL and give pegrest town)
nours aft by the s. Pages hours off	SILVERSPRING Iday KENSINGTON, Md.
4 E 25 0 2	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street odd ess) d. STREET ADDRESS e. IS RES DEMCE
Filled pape	HOLY CROSS HOSPITAL YIOS KNOWLES AVE YES NO X
within 2	3 NAME OF First Middle Last 4. DATE Month Day Year DECEASED OF COLOR OF COL
2 \ 24 \ \ / / \ .	Type or print) AGNES C. SHERMAN DEATH SEPT 5 1967
complete com	S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR 1F UNDER 24 HRS Jost birthday) Months Days Hours Min.
and cameremose	FEMALE WIDOWED WIDOWED WIS DIVORCED 11/28/86 80 MIS
ate be exe	100 USUAL OCCUPATION (Give kind of work done libb. KIND OF BUSINESS OR II BIRTHPLACE (County & State, or foreign country) 2 CITIZEN OF WHAT COUNTRY?
ate b ician lease and i	wing roost of working life, even if retired) INDUSTRY Maryland COUNTRY?
rhficate t	13. FATHERS NAME James P. Raney 14. MOTHER'S MADEN NAME Mary A. Curtin
the death certificate be executed estending physician and cample to permit. Then please removelcan arian, ar remaval, and in any event	James P. Raney Mary A. Curtin
e death ce attending permit. The an, ar reme	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service)
attendii permit.	No 216-10-7663D Mary M. Sherman-Item # 2
the of the string of the strin	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
s that i	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) ACUTE KENAL FAILURE - SHOCK PISH AND DEATH
# Sicion of the second of the	DUE TO A Para P
physician. signed by the burial-transit burial, cremat	Conditions, if ony, which gove rise to immediate cause (a), (b) ACUTE PERITONITIS DUE to PERFORATION (ECUM 27HRS
	stating the underlying cause Due 10
tending transfer to the prior to	(I) UDSTRUCTIVE SIGMOID XIVERTICULITY TOTAL
The atte	FART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMS D?
= a 5 = / N	₹ VES (D) NO [
T	206 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18.)
	C (IF EITHER, NOTIFY MEDICAL EXAMINER)
His his of the his of	20c. TiME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m. 20f. (City or town) (County) (State)
by the has of the this ce be detached State Dept	p.m. 19 at work C
- Ep 5 p e 14	21. I certify that (I) (this importal) attended the deceased from 9 - 9 , 1967, to 9 - 5 , 1867, that (I) (III) last
OR ATTEN be retained DIRECTOR:) ge 3 shauld led with the	saw the deceased alive an 9-5-1967, and that death accurred at 7:20M, from causes and on the date stated above
	ATTENDING THE MED. STAFF
N OR y be r DIRE age 3 fried v	22 PHYSICANS 22d ADDRESS
E E E E E	MAME(Type) John P. Haberlin, M.D. 1015 Spring Street, Silver Spring, Md.
HOSPITA rige 4 may FUNERAL irectar, pe	236—BURIA., CREMATION. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d EOCATION (City or Town) (County) (Stote)
55 5 5 5 W	REMOVAL (Specify) 9/8/67 St. John's Forest Glen, Maryland
UM	24 SINEDAL DIDECTOR
25M 1/67	Tyson Wheeler Funeral Home-1331 Rockville Pike DATE SEP 7 1957

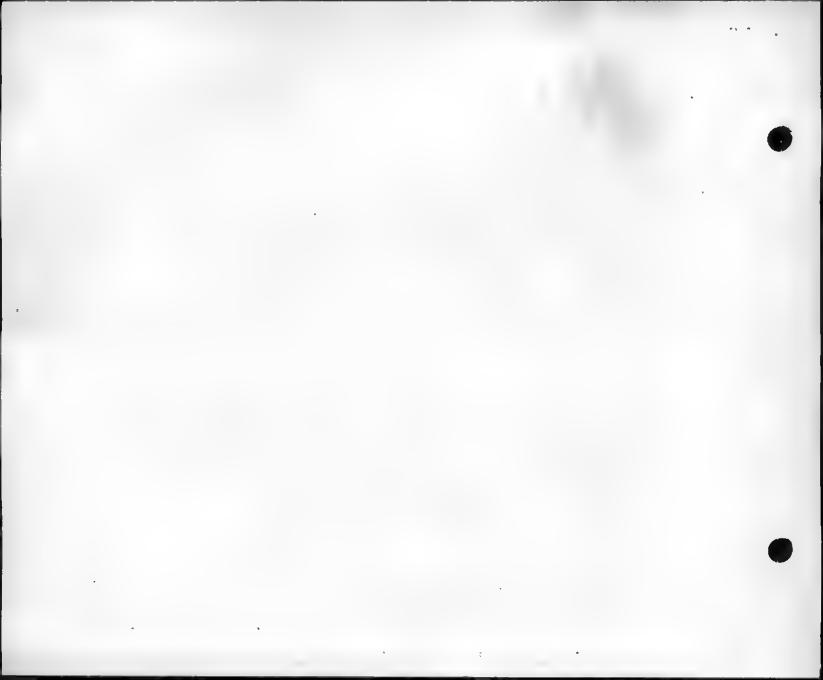


MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

SOMER

4 2/1/			CERTIFICATE	OF DEATH		12790
funeral I and an death		PLACE OF DEATH a. COUNTY ("ONTGOMERY	BAARW AND	2 USUAL RESIDENCE (Whe o STATE	re deceased aved, if institution b. COUN	on Rasidence before admission) IV LINCE GEOLGES
by the fu Pages I ours after		b CITY OR TOWN (If autside carporate limits write RURAL and give nearest town) Kensinaton.	maryland c length of stay in 16 10 Months		le carporote units, write RUR X Cheverly	AL and give neorest tawn)
iin 24 hat Riled in b papers. hip 72 ho		NAME OF HOSPITAL OR INSTITUTION (If no Kensinaton Gardens	at in haspitat, give street address)	d STREET ADDRESS 1801 - 64th		e IS RESIDENCE ON A FARM? YES NO X
arithin although the company of the		NAME OF FIR DECEASED (Type or print) Catherine	si Middle Virginia	Shreve	DATE Month OF DEATH Septemb	er 8 1967
that the death certificate be executed within 24 haurs after death an analysis of the funeral by the attending physician and campletety filled in by the funeral ransit permit. Then please remave (arban papers. Pages I and remation, ar remaval, and in any event, within 72 hours after death remation, ar remaval, and in any event, within 72 hours after death remation.	\$.	SEX Pemale White USUAL OCCUPATION (GIVE KIND OF WORK Dane	7. MARRIED NEVER MARRIED VIDOWED DIVORCED DIVORCED 10b. KIND OF BUSINESS OR	B. DATE OF BIRTH 7eb 14 1888		Months Days Hours Min
icate be isician ar please n 1, and in	duri	ns, most of working life, even if retired) FATHER'S NAME	INDUSTRY Own Some	11 BIRTHPLACE (County & S) Uashington 14. MOTHER'S MA DEN NAM	D C	COUNTRY?
ne death certific attending phys permit. Then p ian, ar remaval,	15	William Farmer WASDECEASED EVER IN L. S ARMED FORCES?	16 SOCIAL SECURITY NO 17	MATTER ALSON		Etem Avenue
the death e attendi permit. Itian, ar r	(1€	s, no ar unknawn) (if yes give war or dotes a 18. CAUSE OF DEATH (Enter anly one cause	231-03-1669 CL	orence B. Far		Doring, f.d. INTERVAL BETWEEN
V E		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE		· la ac	0	ONSET AND DEATH
ow requires ding physic seen signed the burial ar ta burial		Conditions, if any, which gave rise to immediate cause (a), stating the <u>underlying cause</u> DUE	(b) 9000 0 mary 201 TO (c)	Orlores.	sellron	3 20 ym
V: The to are are to the has has as as as atth print.	CERTIFICATION		ONTRIBUTING TO DEATH BUT NOT RELATED TO			19, WAS ALTOPSY PERFORMED? YES NO
YSICINO nospital certifica ched fai pt. of He		200 ACCIDENT WAS UNDERLYING CONTRIBUTING COLOR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port CE OF INJURY (Home, farm,	or Port II of item 18.)	(County) (State)
by the halfter this be detact	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Hour a.m. 19 p.m. 19		ory, street, office bldg , etc.)	200	(County) (State)
OR ATTINE be retaine DIRECTOR: A ge 3 shauld led with the		saw the devensed alive on	7/7 19 67, and tha	t death accurred at 2:	D. STAFF	and an the date stated above
may be r RAE DIRE RAE DIRE , page 3 be filed w		22c. PHYSiclan'S NAME (Type)	FKCQ IZ DUCE	D. PHYS. DIR	RECTOR LI PHYS. LI	1/4/67 World D.C.
10 HOSTITAL FORENCE A may O FUNERAL director, pag shauld be fi	230	BURIAL CREMATION, 23b DATE THE REMOVAL (Specify) Sept.	REOF 23c. NAME OF CEMETERY OR 11. 1967 Flerwood Co	*	23d. LOCATION (City or Tow	
VR A15 (4) 20 M 1/66		FUNERAL DIRECTOR Thomas	Thursday Alenwood Colored Surger Alenwood Colored Silver Spring.	venue 250 REC'D BY	REGISTRAR 2550 REG	STRARS SIGNATURE





127

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12758

FOR STATE HEALTH DEPT.

y deloy is

7.

necessory, please execute the certificate, writing the word 'pending' in pencil in Item 18. Give Pages 1, 2, on 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3-Page.

II IFP IT MINI I A HOUS The certificate should be executed within 24 hours after death H

5 may be retoined for your files.

TO FUNERAL DIRECTOR: Page 3 shoull be used as a burial-transit permit. File pages load 2 with the Stoke, Depol

VR A15ME (5) 6M 1/67

Health prior to burial, cremation, or removal, and in any event within 72 hours ofter death.

MEDICAL EXAMINER	CERTIFICATE OF DEATH								
1 PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)								
" MONTGOMERY MARYLAND	" MARYLAND " MONTGOMERY								
b CTY OR TOWN (If autside carparate limits C LENGTH OF STAY IN 1b	c CITY OR TOWN (If autside corparate limits, write RURAL and give neorest town)								
write RURAL and give nearest town) OI NEY	ROCKVILLE								
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspita, give street address)	d STREET ADDRESS e is residence on a farm?								
MONTGOMERY GENERAL HOSPITAL	335 LINCOLN AVENUE YES NO X								
3 NAME OF First Middle DECEASED	Lost 4 DATE Month Day Year								
(Type or pnot) IRENE KELLY	SMITH DEATH SEPTEMBER 0, 19 67								
S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	B DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR F UNDER 24 HRS last birthday) Manths Days Haurs Min								
FEMALE NEGRO WIDOWED DIVORCED	2-24-95 72 yrs								
100 USUA, OCCUPATION (Give kind of work dane during most of working life, even if retired) 100 KIND OF BUSINESS OR INDUSTRY	1) BIRTHPLACE (State or fareign country) 12 (TIZEN OF WHAT COUNTRY?								
Housewife	MARYLAND USA								
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME								
AARON BOARDLEY	SARAH BROOKS								
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, na, ar unknown) (If yes give war ar dates of service)	INFORMANT Address								
No ===	MEDICAL RECORDS								
IB. (AUSE OF DEATH (Enter only one couse per line for (a) (b) and (c)) PART I DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSEL AND DEATH								
IMMEDIATE CAUSE (a)	The contract of the state of th								
Conditions of any which cave >	Conditions if any which naive >								
nse to immediate cause (a)									
stoting the underlying cause	Storing the underlying couse								
PART I OTHER SIGN E CANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO	THE TERM NA. DISEASE CONDITION GIVEN IN PART I(g) 19 WAS ALTOPSY								
2	PERFORMED? YES NO								
	(Enter nature of injury in Part or Part I of Item IB)								
ZOC TIME OF INJURY Month, Doy, Year 20d NJURY OCCURRED 20e P	ACE OF INJURY (Hame, form, 20f (City or tawn) (Caunty) (State)								
Hour a m. 19 While Not While of wark	actory, street, allice bidg , etc.)								
21. I certify that I taok charge of the remains described above, held an Autapsy , Inspection Inquiry , and in my opinion									
	orde , Hamic de , Undetermined manner ,								
7 - 6	CHIEF MEDICAL EXAMINER 22. DATE SIGNED								
SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER									
EXAMINERS TOAN S' 1803 855, or	DEPUTY MEDICAL EXAMINER								
NAME (Type) 9,5 Seminary	Address (Street city town, or county)								
	R CREMATORY 23d LOCATION (City or Town) (County) (State)								
REMOVAL (Specify) BOR IAL 9/11/67 LINCOLN PA ADDRESS	RK CEMETERY ROCKVILLE, MONTG, MD,								
	2So REC D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE								



funeral director,

TO HOSPITAL OR ALENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs may be retained hasp tall an attending physician.

TO FUNERAL DIREC. After this certificate has been signed by the attending physician and campietely filled in a page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 the registrar priar ta burial, crematian, ar remayal, and in any event within 72 haurs after death.

V5 A1S (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

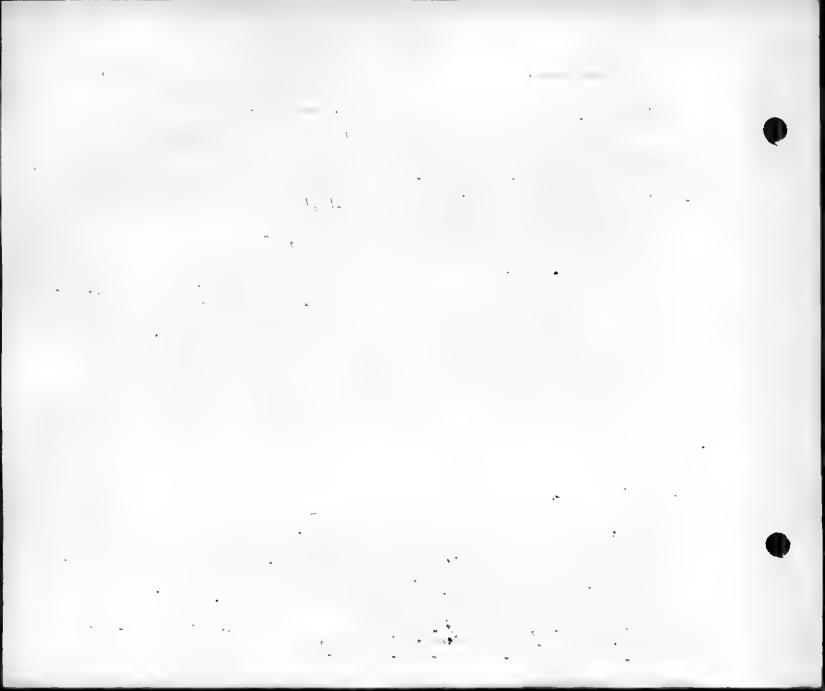
12750

12759

CERTIFICATE OF DEATH

			~	
Rea	Dist	Ne	١.	

¥.					3,					
	PLACE OF DEATH COUNTY Montgomery	MARYLAND	o. STATE Maryle	ere deceased lived. If institution b. COUNTY A	Residence before admission) Iontgomery					
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		itside corporate limits, write RURA	(L and give nearest town)					
	dilver during	29 years	Silver Sp	ring	,					
,	d NAME OF HOSP TAL (If not in hospital, give street of INSTITUTION 1803-Grace Churc		1803 Grace	Church Road	e IS RESIDENCE ON A FARM? YES NO C					
	NAME OF First DECEASED	Mrddle	Lost	4. DATE Month OF DEATH Son tout	Doy Year 23 1967					
_	(Type or print) S. SEX 16. COLOR OR RACE [7. MARR!	74 150 File No. 100 File No. 10	Smith 8. DATE OF BIRTH	E) CD CENT	UNDER 1 YEAR IF UNDER 24 HRS.					
	genale White WIDOWE	D DIVORCED	Dec. 12, 1890	last birthdoy) M	onths Days Hours Min.					
	10a. USUAL OCCUPATION (Give kind of work done dyring most of working life, even if retired)	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State of	or foreign country)	12. CITIZEN OF WHAT COUNTRY?					
	Housewife	Dun Home	Mentor, O	rio	USA					
	13. FATHER S NAME		14 MOTHER S MAIDEN N							
	Charles S. Johnson			<i>leveland</i>						
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S (Yes, no, or unknown) [(if yes, give wor or dates of service)]		NFORMANT	Silver Address	Spring Md.					
	no		oward R. Smi	th -1803-Grace (6//					
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I DEATH WAS CAUSED BY. A CONSET AND DEATH ONSET AND DEATH									
	IMMEDIATE CAUSE (0) HEMERILLAGE, ACUTE, LMIESLINAL Zday-									
	Conditions, if ony, which) as Leake MiA									
	Conditions, if ony, which gove rise to immediate (b)	Rage VII	<i>1 </i> †		18 Month					
	couse (a), stating the under-									
		ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN	IN PART I(o) 19. WAS AUTOPSY PERFORMED?					
2	8 None				YES NO					
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRISE HOW INJURY OCCURRED	D. (Enter nature of injury in P	ort I or Port II of item 18)						
	TOC. TIME OF INJURY Month, Day, Year 20d IN	NJURY OCCURRED 20e PLA	ACE OF INJURY (Home, form,	20f. (City or town)	(County) (Stote)					
	7 20c. TIME OF INJURY Month, Doy, Year 20d IN Hour p. m. Sept 23 1927 of work		tory, street, office bldg , etc.							
	21. I certify that I attended the decease	ed from Apric	1966, to Se	<u>けるる</u> , 1%2,thc	at I last saw the deceased					
	alive an Sept 23 , 194	7, and that death	accurred at 8.25	M, from the causes and a	an the date stated above					
	n de	2-1-11	8139 000	ADDRESS (Street, city or town, stol	DATE SIGNED					
	SIGNATURE COLOR 15 78	ance of	MD. Tod	1 (3/890//	le Kd 7-23-61					
1	PHYSICIAN'S GEORGE B. PAT	Frick, JR, no	.D. Silv	er Spring	1214-					
	220. BURIAL, CREMATION, 226 DATE THEREOF	22c. NAME OF CEMETERY OF	R CREMATORY	22d. LOCATION (City, town, or c						
	Cremation Sept 25.1967	9th Lincol		Prince yeorge						
	23 EUNERAY DIRECTORS ATTOMATURE (Glen (Spring, 240. RECVI	BY REGISTRAR 24 PREGISTR	AR'S SIGNATURE					
	Warner E. Pumphrey. Inc. 8	434 Gas Hue.	Md. DATE							



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

12760 12751 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE MONTGOMERY MARYLAND MARYLAND runnes that the death certificate be executed within 24 hours after b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town) 37 DAYS SILVER SPRING OLNEY ON A FARM? Ξ d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 14601 Homecrest Road MONTGOMERY GENERAL HOSPITAL YES NO K 3 NAME OF First Middle Lost 4 DATE Maath DECEASED SEPTEMBER KATHLEEN AGNES SMITH 19 67 (Type or print) DEATH IF UNDER S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 7 MARRIED NEVER MARRIED last birthday) Days Months Hours 9/24/26 05 WHITE WIDOWED DIVORCED FEMALE 10a USEAL OCCUPATION (Give kind of work done during mast af working life, even if retired) 12 CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) INDUSTRY COUNTRY? WASHINGTON, D.C. USA HOUSEW IFE on home 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME remayal, ELLA RALYEA THOMAS COGAN IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 14601 Homecrest Road (Yes, no, or unknown) (If yes give war or dates af service Б NO burial, crematian, INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per une for (a), (b), and (c).) signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO Conditions, of any, which gave rise to immediate cause (a), DUE TO stating the underlying couse been s the iar ta lost. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) F CATION PERFORMED? NO ATTENDING PHYSICIAN: certificate 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Part II of item 18.) 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH etached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED (City or town) (County) (Stote) Haur 'a m. factory, street, office bldg., etc.) Nat While at wark **DIRECTOR:** After 21. I certify that (1) (this-haspitet)/attended the deceased from and that death occurred at 10: 15 M. from causes and on the date stated above. sow the decelosed alive on 22a SIGNATURE DATE SIGNED DIRECTOR PHYS.

director, page 3 should be filed v TO HOSPITAL TO FUNERAL

22c. PHYSICIAN S

NAME (Type)

23g. BUR-AL CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Caunty) REMOVAL (Specify) Gate of Heaven Cen. 25g. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE DATE SEP 2 1 1967

RICHARD A. YATES, M.D.

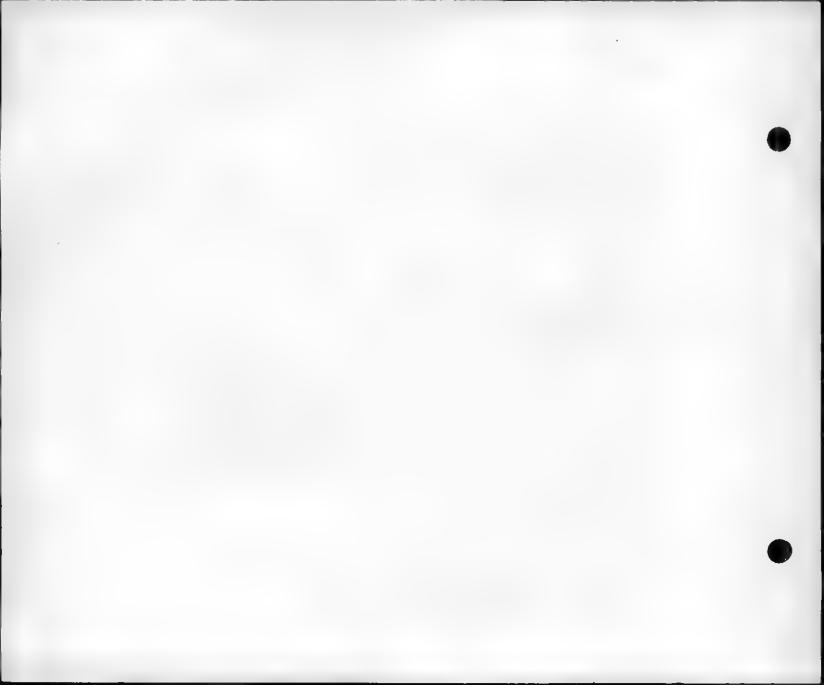
22d. ADDRESS

OLD BALTIMORE ROAD. OLNEY. MARYLAND

h v t 2

2 :- 2		12752			CERTIFIC	CATE OF	DEATH		1	2761
funeral and detail		COUNTY	tcomer	Leg	MARYLA	AND O.S	STATE ARVLAI	VD PRI	NCIE (+1	EURGES
n by the f s. Pages hours afte		write RURAL and g	7150 CC	SIL	LENGTH OF STAYING	AS CON	OR TOWN (II o	Liside corporate limits, write fi レルトトミ	URA, and give n	
illed in paper nin 72		Holy	OR INSTITUTION (If no	HOSF	PITAL				IVE	e is residence on a farm? Yes \ no _
int, will			CMES 6. COLOR OR RACE	CHEST		Me uso	Lost OF BIRTH	4. DATE MC OF DEATH 9 AGE (In years	anth 22 TIF UNDER 1 Y	Doy Year - 19 6 EAR 1F JNDER 24 HR
and samp remove in any eve		M	Give kind of work done	7. MARRIED WIDOWED 1	NEVER MARRÍED DIVORCED DE BUSINESS OR	MAY	y 4, 19	lost birthdoy) 5 8 yrs & Store, or foreign country)	Months D	loys Hours Min.
sician please , and	durii [ng most of working life	R even if retired)	INDUST	RY		FLORI OTHER'S MAIDEN	DA	COR	
ا € د ۶	ERASMUS W. STEPHENSON DAISY LINDSAY 15. WAS DECEASED EVER INUS. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address S. ALLE A. C.								- Acta	
e attenc permit rian, or	(Ye	VES	ryes give wor or dates of W. W. D. If (Enter only one cous	578	-16-7369 (b), ond (c).)	VIRG.	INIA S	TEPHENSON	SAM	INTERVAL BETWEEN
be retained by the hospital or attending physion BIRECTOR: After this certificate has been signed ge 3 shauld be detached far use as the burial led with the State Dept. of Health prior to burial		PART I. DEATH 4 3.0 /	WAS CAUSED BY: IMMEDIATE CAUSE (DUE	o) CAR	NAC AG	REST				ONSET AND DEATH
	FION	Conditions, if ony, verse to immediate stating the underly	ing couse DUF	ro .	•			L = GROMARY	INSUF	10 1905.
		PART II. OTHER SIGN			AL AL	1		ND T.ON GIVEN IN PART 1(0)		19 WAS AUTOPSY PERFORMED? YES NO
	CERTIFICATION	200 ACCIDENT WAS U OR CONTRIBUTING E (IF EITHER, NOTIFY MI	CAUSE OF DEATH	20b DESCRIB	BE HOW INJURY OCC	URRED (Enter no	oture of injury in	Port I or Port II of Item IB)		
	MEDICAL	20c TIME OF NIJR Hour o.m. p.m.	Y Month, Doy, Year 19	20d INJUR While of work	New York No.		JURY (Home, forn it, office bldg., etc.) 5	(Count	
		saw the dec	that (I) (this hasp eased alive on 2	ital) attended	the deceased fr 196.2, an	am nd that death	accurred at	1952, to 22 A	s and an the	date stated above
		22c. PHYSICIAN'S	Harry	R.U	de	M.D PHY	J ADDRESS	MED STAFF DIRECTOR PHYS		12/62
FUNERAL FUNERAL irector, pag hauld be fil	230	NAME (Type)		WOLF	E NAME OF CEMETE		H	YATTSVILLE,		(Stota)
27/1		REMOVAL (Specify) FUNERAL DIRECTOR	Sept. 2		FORT LI			BLADENSBI	REGISTRAR'S SIGN	ARYLAND
VR A15 (4) 25M 1/67L	1	1.W. Cha	embers	a Ru	rendale,	mel	DATE	7 40 1001	Or 11 - Pa	U. T

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hamrs after death.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12753 CERTIFICATE OF DEATH 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, 'F institution Residence before admission) a. COUNTY CITY OR TOWN (If outside carponon write RURAL and give nearest town) b. CITY OR TOWN (If outside carparate imits. SILVER d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) HOSPITAL OS SILVER SPRING 132/6 NAME OF Middle DATE completely DECEASED (Type or print) 1am 103 AGE (.n years SEX 6. COLOR OR RACE NEVER MARRIED 7 MARRIED WIDOWED DIVORCED 10o USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY Retired Maryland Grocery 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Trank Dudley Stubbs Estelle Smith WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes, give war or dotes of service Same as Item 2. 213-01-5860 Ethel L. Stubbs 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY DUE TO Conditions, if ony, which gave (b) Generalized AThe ROSCIEROSIS rise to immediate couse (o), DUE TO stoting the underlying couse PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port If of tem 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or lawn) foctory, street, office bldg., etc.) Not While 21. I certify that (i) (this haspital) attended the deceased fram____ 19 67, to 1967, and that death accurred at 10 M, from causes and an the date stated above. DIRECTOR: saw the deceased alive an 220. SIGNATURE MED. DIRECTOR director, page 3 should be filed v 22d. ADDRESS 22r. PHYSICIAN'S TO FUNERAL 4115 Colie Drive, Wheaton, Maryland NAME (Type) BenACK MU

9-21-67

MARYLAND STATE DEPARTMENT OF HEALTH

23c NAME OF CEMETERY OR CREMATORY

PUMPHREY, Bethesda, Maryland

Parklawn Cemetery

12762

12 CITIZEN OF WHAT

WAS AUTOPS)
PERFORMED?

(Stote)

COUNTRY?

(County)

22b. DATE SIGNED

23d LOCATION (City or Town)

250 REC D BY REGISTRAR

Rockville. Maryland

25b REGISTRAR S SIGNATURE

9/19/67

VR A15 (4) 25M 1/67

230 BURIAL CREMATION Eurlal (Specify)

24 FUNERAL DIRECTOR



10-20-67 ams division of vital records, 301 W. Preston Street, Baltimore, Maryland 21201 12763 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH-DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, flinshitution, Residence before admission) MARYLAND delay E LENGTH OF STAY IN TO 2 years in hospital give-street d STREET ADDRESS ang with form Give Pages haurs after death Leonard DATE DECEASED (Type or print) 7 MARR ED IF UNDER NEVER MARRIED Months Hours W DOWED DIVORCED 1Db KIND OF BUS NESS OR 12 CITIZEN OF WHAT Transport COUNTRY? during most of working life, even if retired)
Retired Driver New Jersey the certificate, writing the word "pending" in pencil in should be farwarded to the Chief Medical Examiner's burial-transit permit. File pages 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME event within 72 haurs Margaret Spence Andrew Swanson IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO 7584 SMillwright St. (Yes, no or unknown) (If yes a ve wor or dates of service) Mr. Robert L. Swanson 186-09-8384 ues NTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per ne for (o), (b) and (c).) PART ! DEATH WAS CAUSED BY ONSET AND DENTH Acute pulmonary edema and connestive IMMEDIATE CAUSE (o). DUF TO any Conditions, if ony, which gove heart failure due to Hypertensive nse to immediate couse (a), .⊑ DUF TO 0 stoting the underlying couse cardiovascular disease be used cremation, or remayal, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. D. EASE CONDITION GIVEN IN PART 1101 19 WAS AUTOPSY PERFORMED? the certificate, 2Do EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Part I of Item 181 3 shavid PRIMARY OF CONTRIBUTING CAUSE OF DEATH. WEDICAL 2De PLACE OF INJURY (Home form 2Dd INJURY OCCURRED 20f (City or town) 20c TIME OF NURY Month, Doy, Year factory, street, office bldg., etc.) Not While ot work 21 I certify that I took charge of the remains described above field an Autapsy Inspection [Art Induity De and in my op n on death resulted from Natural causes X Hamicide Undetermined manner the funeral director CHIEF MEDICAL EXAMINER may be retain FUNERAL DIRE ACTUAL 22. DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE priar **EXAMINER'S** Address or county) CEMPLENT OR CREMATORY 23d LOCATION (City 230 BUR AT CREMATION. 50 BEMOVAL (Specify) Arlington Cemetery 1.967 Drexel Hill. OCT 4 1967 VR A15ME (5) 6M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH

Items 18%21 Film 393



Pages 1 and 2

in by the funeral

TO HOTRITAL OR ATTENDING PINSICIAN: The law requires that the death certificate bill executed within 24 haurs after diach

Page 4 may be retained by the haspital ar attending physician

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely director, page 3 shauld be detached far use as the burial transit permit. Then please remove carboft shauld be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in any event [w]

12,000	CERTIFICATE OF DEATH	12764
o. COUNTY On town enu	2. USUAL RESIDENCE (Where deceased I	b. COUNTY Hongam
b. CITY OR TOWN (If autsider/or) arate limits, Write RBRAL and give nearest town)		mits, write RURAL and give nearest town)
of NAME OF HOSPITAL OR INSTALTION (If not In hospital,	give street address/ sugtherne 12400 Ellan	Court 0 15 RESIDENCE ON A FARMS YES NO
3 NAME OF DECEASED (Type or print)	Middle Suendinal OF DEATH	Sept 26 1967
S SEX 6 COLOR OF RACE 7 MARRIED Jemals whole widowed	DIVORCED 0 11-9-1883 19	GE (In Jeans St Bunder 1 YEAR IF UNDER 24 HRS. Months Days Hours Min
	KIND OF BUSINESS OR INDUSTRY 14 MOPHER'S MAIDEN NAME	Mary UST
ALBERT TRAPP	SOCIAL SECURITY NO 17 INFORMANT	STARK ONLOW
(Yes, no, or unknown) (If yes give war or dates of service)	78-46-1348 Cospear RN	Colonial Villa
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Out TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause DUE TO DUE TO	Bereinleyd artens	releven YKS.
last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBLING	TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART I(a) 19 WAS AUTOPSY PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH (IE FITHER NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED (Enter nature of Injury in Part I or Part II	
Hour o.m. While p.m. 19 of wa	le Nat While foctory, street, office bldg., etc)	ity ar town) (County) (State)
21. I certify that (I) (this hospital) after saw the deceased alive an	nded the deceased fram, 196 %, to, 196 %, and that death occurred at, M, fi	
220 SIGNATURE O RELITY	ATTENDING MED	STAFF 7
22c PHYSICIAN'S	PHYS. DIRECTOR L	PHYS - 7/26/67
22c PHYSICIAN'S NAME (Type) 23a BJRIAL REMATION 23b ATE THEREOF REMOVAL (SPECIFY)	FLBERT H. GROLLMAN 110	ION ((Ly or Town) / County) (State)

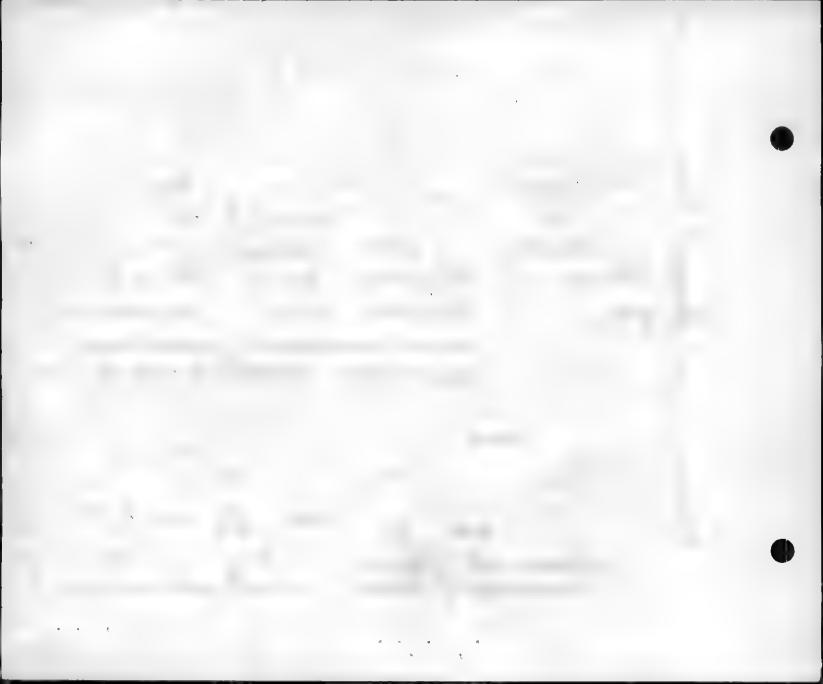


12765

V		CERTIFICATE	PEAIN
1			SUAL RESIDENCE (Where deceased lived, if institution Residence before admission)
- }		a. COUNTY MARYLAND	STATE Maryland 6 COUNTY Morkomery
Y		b. CITY OR TOWN (If Gotside corporate Inhits, C. LENGTH OF STAY IN 16 C. C	ITY OR TOWN (If autside corporate limits, write RURAL and give netwest town)
3		write RURAL and give nearest town) Betherda 12 years	Bethesda - 1:1
3		d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) 0 d. d.	TREET ADDRESS 0 IS RESIDENCE ON A FARM?
3		8802- Lowell St.	802 Lowell St. YES NO NO
3		NAME OF PIRST Myddle	Last 4 DATE Month Doy Year
7		(Type or print) Charles a day	lar DEATH SEAT. 7 1967
10	5	S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED BUTA	P. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min
V		Y WIDOWED DIVORCED NO	y 12, 1918 49 vis
(1)	10o duri	100 USUAL OCCUPATION (Give kind of work done under the first of working like even if retired under the first of working like even in	BRYTHPLACE (County & Stote, or foreign country) 12 CIT ZEN OF WHAT COUNTRY?
3		Curales NKH 1	Cachard Co.
P	13.	13. FATHER'S NAME	MOTHER'S MAIDEN NAME
4		Charles or. Laylor	Nina Dewart
3		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL/SECURITY NO 17. INFOR	MANT of whit Taylor - Address
1		yes 1579-07-9020 U	Infe de above
0		(B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY.	INTERVAL BETWEEN ONSET AND DEATH
、		IMMEDIATE CAUSE (o) 760/6 /470CA	ROIAL INFARCTION
13		Conditions of any which cause a	ARTERY DISEASE UNDET.
, 5		rise to Immediate couse (o),	ARTERY DISEASE UNDET.
ঽ		storing the underlying couse (c)	
7		PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY
	CAT ON	NONE	PERFORMED? YES \(\begin{array}{ccc} \text{YES} & \text{NO} & \text{NO} & \text{NO} \\ \text{YES} & \text{NO} & \text{NO} & \text{NO} \\ \text{NO} & \text{NO} & \text{NO} \\ \text{NO} & \text{NO} & \text{NO} & \text{NO} \\ \text{NO} & \text{NO} \\ \text{NO} & \text{NO} & \text{NO} \\ \text{NO} & \text{NO} & \text{NO} \\ \text{NO} & \text{NO} \\ \text{NO} & \text{NO} & \text{NO} \\ \text{NO} & \text{NO} \\ \text{NO} & \text{NO} & \text{NO} \\ \text{NO} \\ \text{NO} & \text{NO} \\ \text{NO} \\ \text{NO} & \
9	TEIC	200 ACCIDENT MAS TIMBED VINCE TO 2016 DESCRIPE HOW INTIDY OCCUPPED (Finter	noture of injury in Port I or Part II of Item 18)
J	CERI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
Ş	ICAL	20c TIME OF INJURY MOIN Day, Year 20d INJURY OCCURRED 20e. PLACE OF	INJURY (Home, form, 20 (Cry or town) (County) (State)
4	ME	Hour o m. p.m. 19 White of work of work	reet, office bldg , etc)
9			NE 1958 to SEPT 7, 1967, that (I) (we) last
		saw the deceased alive an 9/4 1967, and that dea	th occurred at AM, fram couses and an the date stated above
		220. SIGNATURE	TTENDING MED STAFF 22b. DATE SIGNED
		Farrence (Caper M.D. P	HYS DIRECTOR PHYS DEPT. 1, 1961
/		NAME (Type) LHURENCE H. RHPEE	1732 Eye St. N.W. Wash, J.C.
	230	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATER OF CEMETERY OR CREMATER OF CEMETER OF CREMATER OF C	TORY 23d LOCATION (City or Town) (County) (Stote)
		Burial 19-9-1967 Congressions	Gemetery/ Washington, D.C.
		24. FUNERAL DIRECTOR 5130 Wisc. Ave. AURIST.	250 REC'D BYRYGISTRAR 256. REGISTRAR'S SIGNATURE
	٠	Joseph Gawler's Sons, Inc.	DATE SEP 1 1 1967 fectionles Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely rifled to by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event. Page 4 may be retained by the hospital or ottending physician. VR A15 (4) 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12766

TO REPORT MAN AND THAN INTER: This certificate should be executed within 24 hours after death if any delay is

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

JK 2141E		THE DICKE EXMINIER	CERTIFICATE OF DEATH
ALTH/DEPT.	1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission)
2 g (Val)		a touthernamery MARYLAND	"Naryland b country
~ T			c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
E		b. CON OR TOWN (If autsale corporate I mits, c. LENGTH OF STAY IN 1b Write AVAAL and give nearest town)	
ort art	L,	eller spring	Silver Spring
7, 2 Sep	'	d NAME OF HOSPITAL OR MISTILLTION (If not in hospital, give street address)	d STREET ADDRESS B IS RESIDENCE ON A FARM?
form form fe [1055-8 KIPLEN/STREET	8415 Woodcliff Court YES NOXY
Pages 1, 2, vith form P State Depa		NAME OF First Middle	Last 4 DATE Manth Day Year
e 3 2 2		OFCEASED (Type or print) JOHN KOBERT /	HOMPSON OF Y- 25 1967
15 Tal	5.	SEX 0 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
∞ (₹ ·]	0.000	Male White WIDOWED DIVORCED X	June 2, 1906 (61 yrs Manths Days Hours Min
Office ond	10a	USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR	11 BIRTHPLACE (State or lare an country) 12 CITIZEN OF WHAT
표이 음날		VQTZILIQNI I to average and average per	COUNTRY?
es sign	12	Night Watchman Refuse Co.	Maryland U.S.A.
neal pag urs	13		
Examiner's Examiner's File pages 2 hours ofte		John E. Thompson	Catherine Lindsay
	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. 17. 18. no, or unknown) (If yes give wor or dates at service)	Lizabeth H. Kouser Silver Spring, 17d.
re word "pending" is o the Chief Medical bunal-transit permit. any event within 75	,,,	yes Will yes El	izabeth H. Keyser Silver Spring, Md.
"pending lief Medic nisit perm ent within		18. CAUSE OF DEATH (Enter only one cause per line ion (a), (b), and (c)	INTERVAL BETWEEN
rd "per Chief tronsit event		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0)	1 olamorphasis of ONSET AND DEATH
트급 후 꽃		3271 DUE TO D. 1	(80)
the urial-		Conditions, if any, which gave) (h) June 1	ue to Chronic
き		nse ta immediate cause (a), (Due TO	
rded as o		stating the underlying cause (c)	m
, writing the word orwarded to the Cl used as a burial-to oval, ond in any ev		PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH ON MOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	NO	THAT IT OTHER SIGNIFICATION CONTRIBUTION OF DEATINGS THO IS CONTRIBUTION OF THE PROPERTY OF TH	REREDRIMED?
icote, be fo d be u	CERTIFICAT	20a. EXTERNA, CAUSE WAS 20b. DESCRIBE HOW INJURY OF CHIRRE	YES NO L
, <u>-</u>	ERTIF	PRIMARY Or CONTRIBUTING	(Enter nature of injury in Port 1 or Port 11 of item 18.)
certificould es		CAUSE OF DEATH	
2年で発	MEDICAL		LACE OF INJURY (Home, farm, 20f (City ar town) (County) (State) actory, street, affixe bildg, etc.)
le 4	¥	p.m. 19 at wark at wark	(Notify, Model, State Stage, St.)
Pog Pog Pr V: T		21 I certify that I took charge of the remains described above, I	held an Autapsy 💢 , Inspection 💢 , Inquiry 💢 and in my opinian
d fi		death resulted from: Notural causes Accident . Su	icide . Homicide . Undetermined monner
ase ect ine ine REC		1h 1/2 /// [CHIEF MEDICAL EXAMINER
plea d re etoi DIR		ACTUAL SIGNATURE SIGNATURE	M.D. ASSISTANT MEDICAL EXAM NER
erol s be re RAL I prior		EXAMINER'S D	100 SEPURY MEGKAL EXAMINER & 9-15-1017
etessary, p te funeral e may be re FUNERAL e ealth prior		NAME (Type) SELDEN X, YEAP	M.D. Address And Services County) 4-25-1967
he fune fune fune fune FUNER #ed!th p	230		R CREMATORY 23d LOCATION (City ar Tawn) (County) (State)
2 = ~ P	R	REMOVAL (Specify) Sept. 28, 1967 Cedar Hill	
1610			
VR A15ME (5)	18	FUNERA DIRECTOR AS THINGS From as 8434 Georgia A	MI DACT 2 1967 Ochanles Indee

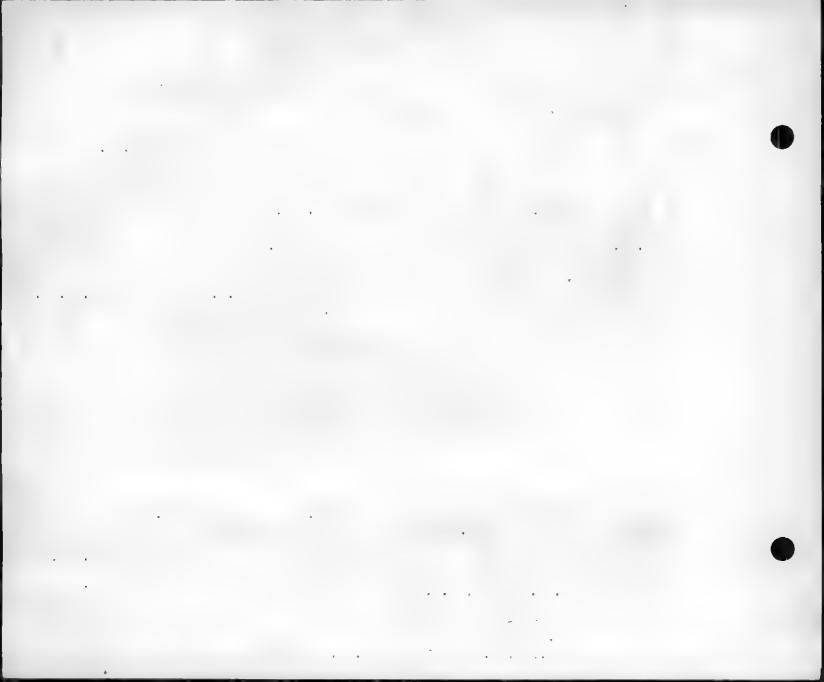


12767

12758

	CERTIFICATE	OF DEATH		
PLACE OF DEATH o. COUNTY			Where deceased lived, if institution Residen	te before odmission)
Montgomery	MARYLAND	Dist	rict of Columbia	
	ENGTH OF STAY IN 16	c CITY OR TOWN (If out	tside corporate limits, write RJRAL and give	negrest town)
Bethesda (rural)	ll days	Wasi	hington	41 -
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give str	eet address)	d. STREET ADDRESS		e S RESIDENCE ON A FARM?
Naval Hospital		1661 Cr	escent Place N. W.	YES NO X
NAME OF First DECEASED (Type or print) NAME OF First Harry	Raymond	THURBER	4 DATE Month OF September	19 Yegr 19 67
Male Cauc. WIDOWED		Oct. 24, 189	9 AGE (In years IF JNDER 1951 195	YEAR IF UNDER 24 HRS. Doys Hours Min
out USJAL OCCUPATION (Give kind of work done uniformly give even if retired) etired in NDUSTR'		Hoquiam, W	fol	UNTRY? USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
Frank L. Thurber		Emma Brown	n	
S WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL Yes, no. or Linknown). (If was give, wor or dates of service)				h. D. C.
				Crescent
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) PART I. DEATH WAS CAUSED BY Carcino	i), ond (c))	nomic with 1	cool invesion	INTERVAL BETWEEN ONSET AND DEATH
	of the track		ocal invasion	Charl And Brain
DUE 10	or one oraci	iea		
Canditions, if any, which gove (b)				
stoling the underlying couse				
PART II OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEA	THE OUT MOT DELETED TO 1	THE TERMINA PROFICE COM	DITION COSTA IN BARY 12 h	19 WAS AUTOPSY
PART I OTHER SIGNIFICANT CONDITIONS CONIC BUTING TO DEA	IN BUT NOT KETATED TO	INE LEKWINAE DISEASE CON	DITION GIVEN IN PART I(0)	PERFORMED?
2Do ACCIDENT WAS JNDERLYING 20b. DESCRIBE	HOW INHIBY OCCUPRED	(Enter nature of insure in F	Port or Port of Item 18 }	YES A NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		, , ,		
20x TIME OF IN. JRY Month, Day, Year Hour o.m. 20d INJJRY While of work		(E OF INJURY (Home, farm, ory, street, office bldg , etc.)	, 20f (City or town) (Co.	nty) (Stote)
21 I certify that (A) (this hospital) attended the	he deceosed from_S	ept.8	967 to Sept. 19 196	7, that (N (we) los
saw the deceased olive on Sept. 19	19 <u>_67</u> , ond that	deoth occurred of_	225 PM, from couses and on the	ie date stated above
220. AGNATURE . Muller	/ M.C	ATTENDING PHYS.		te signed ot. 20,1967
22c. PHYSICIAN'S NAME (Type) J. T. MULLEN, M.D.		Naval Ho	spital, Bethesda, N	id.
30 BURNAL CREMATION, 23b DATE THEREOF 23c	NAME OF CEMETERY OR			(County) (State)
	Arlington Na		Arlington, Virg	0 .
24 FUNERAL DIRECTOR Jos. Gawler & Sons		2So REC'D	BY REGISTRAP 67 250 (REGISTEARS &	GNATURE -
Wisconsin Ave., N. W. Wash:	ington, D. C	DATSEF	2	9

TO FUMERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the bur al-transit permit. Then please remave carbary datases. Pages 1 and 2 should be filed with the State Dept of Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death. **10 KOSPITAL OR ATTENDING PKYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67



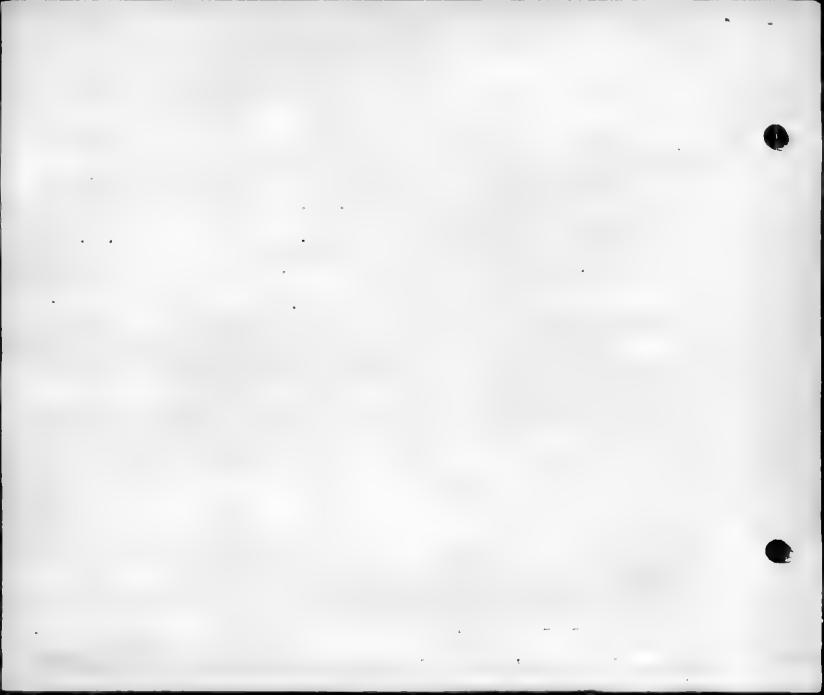
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

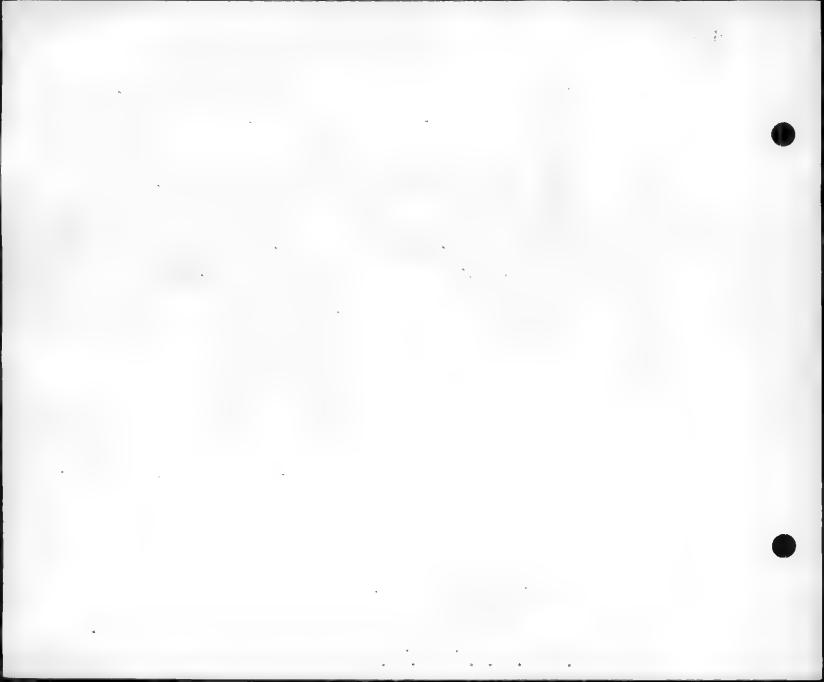
CERTIFICATE OF DEATH

12768 Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY Montgomery MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Montgomery								
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
Chevy Chase 24 years	Chevy Chase								
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE								
7003 Florida Street	7003 Florida Street YES NO St								
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year								
(Type or print) MARIAN L. TI	NKHAM DEATH September 22, 1967								
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED									
Female White WIDOWED DIVORCED	Jan. 19.1888 lost birthday) Months Days Hours Min.								
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?								
during most of working life, even if refired) Teacher Retired	Mass. U.S.								
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
Horace W. Tinkham	Mary E. Slade								
(Yes, no. or unknown) [(If yes, give wor or dates of service)	NINFORMANT Sister Address Same as Item 2.								
No 216-46-5150	Corrella W. Taylor Same as Item 2.								
18. CAUSE OF DEATH [Enter only one couse per line fory(o), (b), and (c).]	INTERVAL BETWEEN								
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	dial The faretion Seliene ONSET AND DEATH								
DUE TO									
Condition them which Campanil and the man to make the second									
gove rise to immediate	gove rise to immediate								
lying cause lost. (c) AMPhi OPOC	lexosis, generalised loyest								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH II. OTHER WAS UNDERLYING TO DEATH III. OTHER WAS UNDERLYING TO DEATH	DECITION S CONOMAN 1/ 0 PC/45/000 YES NO M								
20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUI	RRED. (Enter nature of injury in Part I or Part II of item 18.)								
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not white of work of work of work	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.)								
p. m. 19 of work of work									
21. I certify that I attended the deceased fram.	, 1947, ta Sep 7 22, 1967, that I last saw the deceased								
alive on SeA 7 27 1967, and that deep	ath accurred at 120 B.M. from the causes and an the date stated above.								
	ADDRESS (Street, city or town, state) DATE SIGNED								
SIGNATURE TURAL CURKS	MO 4740 Cheux Chase Dr 9:22.6								
PHYSICIAN'S STEWART CLASP /	MD Chevy Chase Ind.								
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETER	OR CREMATORY 22d. LOCATION (City, lown, or county) (Slote)								
REMOVAL (Specify) Burial 9-25-67 Ft. Linco:									
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE								
RUBERT A. PUMPHREY, Bethesda, M.									



100	Items 18-21 Film 393 MARYLAND STATE DEPARTMENT OF HEALTH 10-4-07 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	2769
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	1 PLACE OF DEATH o COUNTY MARYLAND 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence o STATE Maryland b COUNTY MARYLAND	before odmission
after death If any delay is 8. Give Pages 1, 2, and 3 to alang with form PM3. Page with the State Department of h.	b CTY OR TOWN (If outside from the running of LENGTH OF STAY N 16 c CITY OR TOWN (If outside carparate limits write RURA, and give write RURAl and give surface of the running of the runn	
Depar	d NAME OF HOSPITA. OR MSTITUTION (If not in haspita,) we street address) d STREET ADDRESS	e IS RES DENCE ON A FARM?
ages ages h for	3 NAME OF LARENE FIRST RICHARDS Modele Dragonian Lost 4 DATE Month	VES NO Doy Year
after death If us. Give Pages 1, alang with form with the State Department.	(Type or print) There Jarylson DEATH DESTINAL	20 1967
rs aftr 18. G alar 12 with	Limble while Wowld DIVORCED March 25-1912 53 vis	Doys Hours Min
24 hours in the first search of the death		TEN OF WHAT NTRY? USA
ithin 24 pencil in amineral amineral e pages ours afte	13 FATHLES NAME Lichards 14 MOTHER'S MADEN NAME DELLES &	Kielley
s certificate shauld be executed within 24 haurs c. writing the ward "pending" in pencil in Term 18 farwarded to the Chief Medical Examiners (1974) a used as a burial-transit permit. File pages land 2 widnayl, and in any event within 72 hours after death.	15 WAS DECEASED EVER IN U.S. ARMAD FORCES? 16 SOCIAL SECURITY NO 7 INFORMANT Address (Yes no or upknown) (If yes give wor or dates of service) My Jeke L. Jergezer - alex	
e exec pendin ef Med ssit per	18 CAUSE OF DEATH (Enter only one couse per ne for (o), (b) and (c)) PART I DEATH WAS CAUSED BY. Thisries, multiple, severe	INTERVAL BETWEEN
shauld be e te ward "per a the Chief A burial-transit any event v	823.4 IMMEDIATE CAUSE (0)	2 hrs.
vertificate should writing the ward warded to the Ci sed as a burial-tread, and in any evicel, and in any evicel.	Conditions, it ony, which gave inse to immediate cause (a). Stoting the underlying couse last.	C. 11
certific , writin arward used a aval, ar	PART II OTHER S GNIEVANT CONDITIONS CONTRIBUTION TO DEATH RIST NOT PE ATED TO THE TERM NALDISEASE CONDITION GIVEN IN PART I/O	19 WAS AUTOPSY PERFORMED? YES NO
This create, be fail	None 200. EXTERNAL CAUSE WAS PR MARY DID OF CONIR BUTING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port II of Item 18) CAUSE OF DEATH	YES NO
4 _ 2 _		Thomas
CAL EXAMINER: execute the certification. Page 4 should did your fines. TOR: Page 3 should fines.	20c TME OF INJURY Month, Day Year 20d INJURY OCCURRED While Not While of work	(y) 3 (Store)
WEDTCAL EXAM lease execute th director. Page 4 trained for your DIRECTOR: Page to burial, cremal	21. I certify that I taak charge of the remains described above held an Autopsy 📈 , Inspection 🔀 Inquiry 🔲 ,	and in my apinian
MEDICA Mease ex- director. DIRECTO	death resulted fram. Natural causes, Acc dent, Suic de, Hamicide, Undetermined manner	
TY M y, ple prol di se reti sal D	SIGNATURE SIGNATURE EXAMINER'S SIGNATURE DEPUTY MEDICAL EXAM NER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	22. DATE SIGNED
To DEPUTY MEDICAL EXAM necessary, please execute the funeral directar. Page 45 may be retained for your o FUNERAL DIRECTOR: Page Health prior to burial, crema	NAME (TYPE) (519 School Part Part Sallier Spot Allers Short by town, or county)	, (767
01 at 20 at V	Buriel 9-23-1967 Parklawn Cometeny Rockville, Md	(ounty) (State)
VR A 15ME (5	Burial 9-23-1967 Parklawn Cemetery 500KVIIIe Md 24 FUNERA. DIRECTOR Joseph Gawler's Sons, Inc. 5130 Wisc Ave N. W. Wash DC. DATE SEP 27 1967	MATURE
#		



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67 MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

EDTIFICATE OF DEATH

12770

		per 250 m				CERTIFIC	AIL	OF DEATH					
		PLACE OF DEATH a. COUNTY J	ONTGOMERY				1 to	2 USUAL RESIDENCE (Where dece		ITY		
-		L CITY OR TOWN /	Outside corporate limi	h-	F . 10	MARYLA	-						1ontgo
		WIBETHES	Pipe nearest town) R	URAL		3 hours	10	c CITY OR TOWN (If at		lver Spri		nearest to	wn)
I,		d name of hospit US NAV	AL OR INSTITUTION (If a	ot in hospital,	give stre	eet oddress)		d STREET ADDRESS		1203-30re		[//	RESIDENCE N A FARM?
Y		NAME OF DECEASED		irst		Middle	Morr	Last	4. DATE	Mant	h	Day	Year
J		(Type or print)		BOY (T		A)		NSEND	DEAT		_	16	19 67
1	5 :	MALE	6 COLOR OR RACE CAUC	7. MARRIED WIDOWED		DIVORCED	ا ت	DATE OF BIRTH 15 SEPT. 19	67	9 AGE (In years lost birthdoy) — yrs.	Months	Doys H	JNDER 24 HRS. ours Min
	10o duri	USUAL OCCUPATION ing most of working	(Give kind of work done life, eyen if retired)		CIND OF I	BUSINESS OR NA		11. BIRTHPLACE (County MONTGOME		foreign country) MD.		ZEN OF WE	
- 1	13.	FATHER'S NAME						14. MOTHER'S MAIDEN	NAME			-	
		RONNIE :	E. TOWNSEN)				CYR					
	15 (Ye	WAS DECEASED EVE es, no prainknown) NA	R IN U.S. ARMED FORCES? (If yes give war ar dotes	of service)	SOCIAL N	SECURITY NO.		NNIE E. TOW		SPRING Addre	_		ST
		Conditions, if any, tise to immediat stating the unde last.	, which gove e couse (o), rlying couse	TO (b)				MEMBRANE D					AND DEATH
ì	CATION	PART II OTHER SI	GNIFICANT CONDITIONS	ONTRIBUTING	TO DEAT	H BUT NOT RELATI	ED TO I	HE TERMINAL DISEASE CO	NDITION GI	VEN IN PART 1(0)			S AUTOPSY FORMED? NO
	L CERTIFICATION	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. D	ESCR1BE	HOW INJURY OCCU	IRRED (Enter nature of injury in	Part I or P	ort () of item 18.)			
	MEDICAL	20c. TIME OF INJU Hour a r	10	While	е 1	CCURRED 20 Not While at work	focto	E OF INJURY (Home, formary, street, office bldg, etc.)	(City or town)	(Cau	**	(Stole)
	ĺ		fy that (I) (this has eceased alive on_				om d that	death occurred at	9 57, 2:50]	to <u>16 SEI</u> M, from causes	T. 19 <u>6</u> and on the	7, that e date st	(t) (we) los lated above
	220. SIGNATURE JOINES GRET REMD. ATTENDING DIRECTOR PHYS								1	EP 10	67		
		22c. PHYSICIAN'S NAME (Type)	9	TOMASO	VIC,	USAR		22d ADDRESS NAVAL HO	SPTT	II. RETHES	DA. M	D.	,
	E	BUR AL CREMATIC BENOVAL (Specify BUR LAL)	Sept.	-		NAME OF CEMETER		TAL PARK	234	LOCATION (City or Total	wn) (County) V A	(State)
	24	ACHTERNY DISECTO	N/2 (" (len Ca	rter	ADDRESSU 34	Ga.	Ave. 250. REC'I	D BY REGIS	TRAR 256 RE	GISTRAR'S SIC	0	where.

Silver Spring 19d



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached far use as the bur al-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death.

Page 4 may be retained by the haspital or ottending physicion.

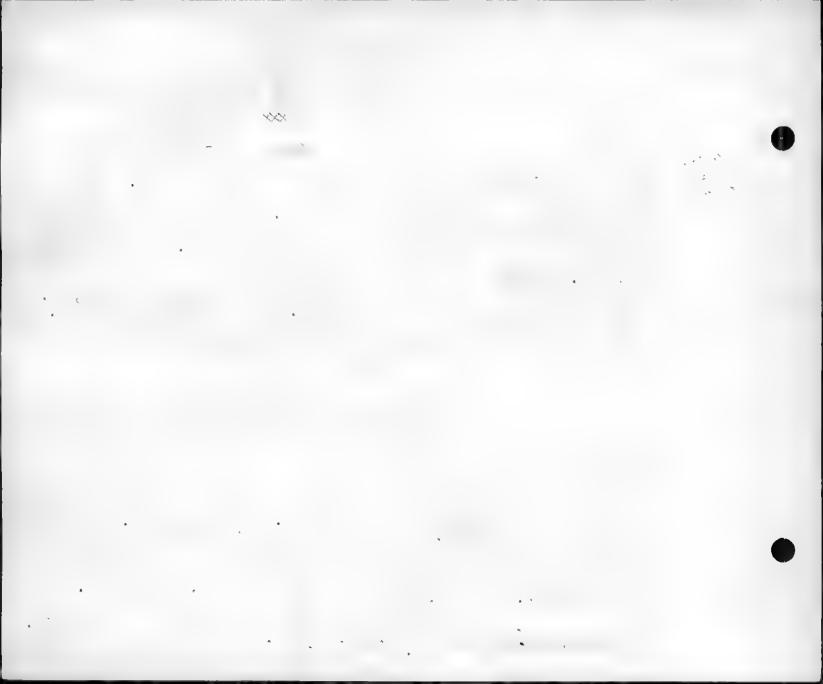
VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12771

CERTIFICATE OF DEATH

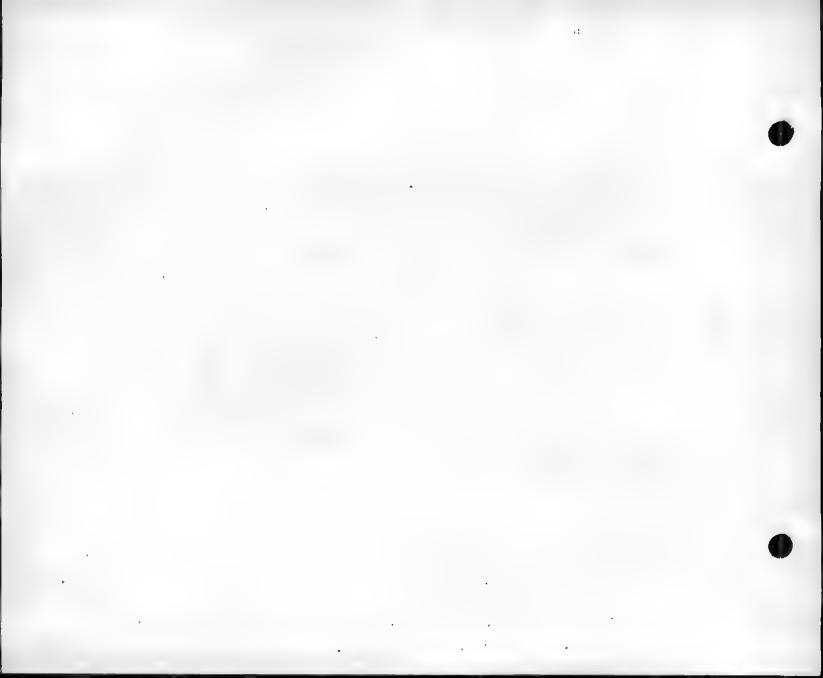
		PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased liv	red, if institution	Residence before	odmission)
	MOINT GOMERY MARYIAND						aryland	D. COUNTY	XXXX Mor	rtgomery	
		b. CITY OR TOWN (If outside corporate limits, HETHESDA've nearest lown) RURAL			c. LENGTH OF STAY I		C CITY OR TOWN (If or	utside corporate lin Silver	Spring	and give neorest t	own) 15-/
	(d name of hospit US NA	AL OR INSTITUTION (If A	ot in hospital, g	ive street address)		d STREET ADDRESS	1203-90	rest Gle	n Road YE	IS RESIDENCE ON A FARM? S NO X
1	1	NAME OF DECEASED (Type or print)	BABY/GI	RL (B	TWIN)	TOWN	ISEND	4 DATE OF DEATH	Month SEPT.	16	Year 19 67
j	S. 5	SEX FEMALE	6. COLOR OR RACE CAUC	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		DATE OF BIRTH 15 SEPT. 19	- Inc		othe Dous	Hours Min
	dun	ing mast of working	(Give kind of work done life, even if retired)		ND OF BUSINESS OR DUSTRY NA		11. BIRTHPLACE (County MONTGOME	~		12. CITIZEN OF V	VHAT USA
	13.	FATHER S NAME	E MOUNCEN	D			14 MOTHER'S MAIDEN	NAME			
	15 (Ye	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give, war or dotes of NA	16. S	SOCIAL SECURITY NO VA		CYR NFORMANT INIE E. TOWN		ER Address (
		Canditions, if any rise to immediat stating the under	e couse (o), rlying couse	(o) PRE 10 (b) 10 (c)	MATURE HYA	-	MEMBRANE D		DADT I(a)	ONSE	VAL BETWEEN I AND DEATH
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 200 ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH							PI	REORMED?			
	E CER		CAUSE OF DEATH MEDICAL EXAMINER)								
	MEDICAL	20c TIME OF NU Haur a.r pr	1.0	20d 1N While at work	JURY OCCURRED Not While of work	20e. PLA	E OF .NJURY (Home, farm ory, street, office bldg., etc.)	n, 20f (Ci ^t)	y ar tawn)	(County)	(State)
				pital) attend	led the deceased	fram and that	15 SEPT , I death accurred at	9.67 to 5:25 PM, fro			t (I) (we) last stated abave.
		220 SIGNATURE	J. som	usone	COST	€ M.C	- 111-0	MED. DIRECTOR	STAFF PHYS.	226 DATE SIGNED	1967
		22c. PHYSICIAN S NAME (Type)	, <u>, , , , , , , , , , , , , , , , , , </u>	POMASOV	TC-1ISAR-		22d. ADDRESS NAVAL HO	OSPITAL,	BETHESD	A, MD.	
	230	BURIAL, CREMATIC	DN. 23b DATE TH		23E NAME OF CEMI	ETERY OR	CREMATORY	23d LOCATIO	N (City or Town)	(County)	(State)
		REMOVAL (Specify BURIAL			HIGHLAND				TIE		VA.
	24.	Physical Director	DIVEN DUNCA	en con	W. E. PUN	PHRE	Y, INC DATE S	P Z I I	3672Sb REGISTI	MAK'S SIGNATURA	udges



MARYLAND STATE DEPARTME	NT OF HEALTH	
Item 2 Film 6393 9/24/67 kiCERTIFICATE OF D	RESTON STREET, BALTIMO	
	SIDENCE (Where decresed lived, if ins	12772
o. COUNTY Mon to merce MARYLAND	AAAL TO b. COUNTY	
b. CITY OR TOWN Lif outside conporete limits, c. LENGTH OF STAY IN 1b c. CITY OR yrite RURAL end give, neerest town)	TOWN (If outside corporete limits, write R	URAL and give non est town
58 low spring 5 4rs, 1/2/8/10	1 BUNGA FOND 1199	Washington
d. NAME OF HOSPITAL OR INSTITUTION IN not in hospital, give street address) d. STREET A Physical Control of the control of t	DORESS 118111 Mdus	N. IS RESIDENCE ON A FARM? YES NO W
3. NAME OF First Middle Lost	A. DATE Month	YES NO L
(Type of print) DOUGLAS ARCH TURN	GR DEATH 9	16 1967
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH		FUNDER TYEAR IF UNDER 24 HRS. Months Doys Hours Min.
IDO. USUAL OCCUPATION (Give kind of work IDD. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE	CE (County & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)	ryland	USA
13. FATTERS NAME	Han Dully	/
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	Address	
(Yes, no, or unkown) (Ifyesgifewerordelesofservice) 579-18-5456	The second secon	
18 CAUSE OF DEATH [Enter only one cause per line of (e), (b), end (c).) PART I. DEATH WAS CAUSED BY:	1 Tulant	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (e)	C	
Conditions, if any, which gave rise to immediate cause	Jeenes in	n 4 mons
(e), steting the underlying DUE TO	tthe accel	10: 118011
10	TERMINAL DISEASE CONDITION GIVEN	NTN PART (e) WAS AUTOPSY PERFORMED?
En Louis Bronchi 4'S		YES NO Z
205. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF THE CAUSE OF DEATH OF THE CONTRIBUTION C	injury in Pert I or Part II of Item 18.)	
factors about atting h	ome, farm, 20f. (City or town)	(County) (State)
p.m. 19 el work et work	1550 9-11	47
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 1900, and that death occurre	d at 4 M from the causes and	d on the date stated above.
22» SIGN TURY	11 A	22b. DATE SIGNE
22c. PINESETAN'S 22d. ADDR	DIRECTOR PHYS.	9-16-67
NAME (Type) 202	Martin ta, Rock	s'Ha Md.
230. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY	23d, LOCATION (City, sown	n or county) (State)
DURIAL 1216 ST. MATA S CEME	Jery Doyds 25a. Ryc'd by registran 25b. Regis	STRAR'S SIGNATURE
and the state of t	DATE SEP 2 1 1967	There's Judge
	U	0



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12773 CERTIFICATE OF DEATH executed-within 24 hours ofter death by the funeral PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) COUNTY b. COUNTY oon papers. Pages 1 within 72 hours after MARYLAND CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16 OR TOWN (If outside corporate limits, write RURAL and give nearest joyn) write RUKAL and give nearest town) Thesaa filled in 1 d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? NO K YES NAME OF Middle DATE Lost Month DECEASED (Type or print) 0F signed by the ottending physicion and complete buriol-transit permit. Then please remove carb buriol, cremation, or removal, and in any event, DEATH SEX 6. COLOR OR RACE OATE OF BIRTH AGE (In years F UNOER 1 YEAR IF UNDER 24 HRS **NEVER MARRIEO** last birthday) Oovs WIGOWED DIVORCEO 10o USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 12 CITIZEN OF WHAT BIRTHPLACE (County-& State or foreign country) requires that the death certificate be doring most of working life, even if retired GRADNE 13. FATHER'S NAME 15 WAS DECEASE OF VERINUS ARMED FORCES? 16. SOCIAL SECURITY NO INFORMAN (Yes, no, or oknown) (If yes give wor or dotes of service) Item 2 1B. CAUSE OF DEATH (Enter only one couse per line for (o), INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gove nse to immediate couse (o), OUE TO for use as the Health prior to b stating the underlying couse has been lost. (a) 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL O SEASE CONDITION GIVEN IN PART 1(0) ATTENDING PHYSICIAN: The NO certificote 200 ACCIDENT WAS UNDERLYING [20b OESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port or Port II of item 18) OR CONTRIBUTING CAUSE OF CEATH etoched (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Ooy, Year 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) After this Hour 'a m. Not While factory, street, office bldg., etc.) at work ot work 21. I certify that (I) (this haspital) attended the deceased fram____ be retained director, page 3 should should be filed with the TO FUNERAL DIRECTOR: M, from lauses and an the date stated above. and that death accurred at 7 saw the deceased alive an 22o. SIGNATURE 22b. OATE SIGNED 9 22d. ADDRESS 22c. PHYSICIAN'S O HOSPITAL NAME (Type) 230 BURIAL, CREMATION. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL (Specify) 1967 Caneadea. New York Burial Mt. Pleasant 24 FUNERAL DIRECTOR **ADORESS** REC'O BY REGISTRAR VR A15 (4) olin L. Molesworth, Damascus, Md. 25M 1/67



42765

CERTIFICATE OF DEATH

12774

/ _	N. C.	CERTIFICATE OF DEATH
C	end	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)/
-	and the	o. COUNTY MARYLAND OSTATE D. COUNTY b. COUNTY
offe	ges o o	b. CITY OR TOWN IT outside corporate limits. [LENGTH OF STAY IN 1b] C. CITY OR TOWN II outside corporate limits, write RURAL and give nearest town]
2	328	write RURAL and give georges town)
d d	4 E S	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS (44 8. IS RESIDENCE
emerited within 24 hours ofter death	3 2 //	Suburban 2500 () street YES NO NO STREET
Ţ.	on with	3. NAME OF STATE Month Doy Year
3	cian and completely ease remove carbon and in any event, wit	OFCEASED (Type or print) 7) Cercion (an Locast Death 4-27 1967
4	ompl ve c	S SEX 6. GOLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In yeors lest birthdoy) Months Days Hours Min
	remove n ony ev	Ub) WIDOWED DIVORCED / Jeeq. 13 1891 70 vis.
		10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Godnty & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY?
9	ician lease and i	GENETAR - Retived U. S. ARMY HATTLE and U. S'IA
- 4	physician en please ovol, and	13 FATHER'S MAIDEN NAME
g	The D	Belt Care Vitisi Margaret Reed
+	· = · = 8/1/3	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address
Č.	ottending physpermit. Then ion, or removal	163. 514-588638 14 Lette a 1 the (100151.
ŧ	ast the	18. CAUSE OF DEATH (Enter only one couse per une for (o), (b), and (c).) PART I DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH
404	an. by the ottending phys transit permit. Then p cremation, or removal,	IMMEDIATE CAUSE (o) OF OTALY (NOM DOST)
law ramines that the lanth certificate ha	ottending physician. has been signed by the se as the burial-transit h prior to burial, crema	Conditions, if ony, which gove) (b) ASHD post myseardial interctor Exeaus
, =	physici signed burial-t	nse to immediate couse (a),
27.	C. Litte	storing the underlying couse (c)
عَ.	tending is been as the prior to	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY
Ę.	e hos	PERFORMED?
, N		206 ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 11 of Item 18.)
PHYCICIAN	さきする	E OR CONTRIBUTING CLAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
Ξ×	his certification of the post of the period	20t. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 201 (City or town) (County) (State)
٠.	「一点 号 」	Hour a.m. p.m. While of work of work of work
Ž	After Sto	21. I certify that (1) (this hespital) attended the deceased from Sept , 1961, to Sept 27, 1967, that (1) (wo) los
TEN.	Should ith the	saw the deceased alive an 5 ept 20 1967, and that death accurred at 2:17PM, fram causes and an the date stated above
9	be retained DIRECTOR: ge 3 should led with the	220. SIGNATURE 22b DATE SIGNED 22b DATE SIGNED
ë	L DIR	22c. PHYSICIANS 2. ALL M.D. PHYS DIRECTOR DIRECTOR PHYS PHYS 22d. ADDRESS
14		NAME (Type) George N. Polis M.D. 1631 16th St. N.W. Lash, D.C.
9	Poge 4 moy o FUNERAL director, pc should be 1	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. EOCATION (City or Town) (County) (Stote)
3	Sho dire	Burial 9-29-1967 Arlington Nat'l Cem Arlington Va
1		24. FUNERAL DIRECTOR 250 REGISTRAR 25b REGISTRAR'S SIGNATURE
	VR A15 (4) 25M 1/67	Hoseph Hameler Some Upskington D. C. MCT 3 1967 Climbar Judge



10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 should be detached far use as the burial-transit permit. Then please remaye caches papers. Pages shauld be filed with the State Dept. of Health prior to burial, cremation, or remayal, and in any eyefit, with NY2 hours of

١	17.200	CERTIFICATE	OF DEATH		
f	PLACE OF DEATH		2 USUAL RESIDENCE (Wh	ere deceosed lived, if institution	Residence before odm ssion/
П	o COUNTY Montgomery	MARYLAND	o. STATE Pennsyl-	b. COUNTY	VAPK
t	b CITY OR TOWN (If outside comparate limits.	c LENGTH OF STAY IN 16		de corporate limits, write RURAL i	and give neorest town)
1	write RURAL and give nearest town) Bethesda	2 days		, , , , , , , , , , , , , , , , , , , ,	76
ŀ	d. NAME OF HOSPITAL OR INSTITUTION (If not in he	asnital give street address 0000	d STREET ADDRESS		l e is Residence
				Oh	ON A FARM?
۱	The Clinical Center, Ber			rkey Street	YES NO X
H	DECEASED	Middle		4 DATE Month	Doy Year
4	(Type or print) Stephe) 5 SEX 6. COLOR OR RACE 7 M	- U	Vinson	DEATH September	
Т			DATE OF BIRTH	lost birthdoy) Mi	UNDER I YEAR IF JNDER 24 HRS
L	14.1200	DOWED DIVORCED r	7 September :	195 8 9 yrs	
1	100 USUAL OCCUPATION (Give kind of work done during most of working the even if retired)	10b KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County & S	tote, or foreign country)	12 CIT ZEN OF WHAT COUNTRY?
	during most of working ite, even if retired) Student		Pennsylvan	nia	U.S.A.
1	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA!	ME	
ı	Curtis Vinson		Eleanor The	omas	
Г	IS WAS DECEASED EVER IN U.S. ARMED FORCES?	16 SOCIAL SECURITY NO 17. IN	FORMANT The Mou	dical Records	
П	(Yes, no, or unknown) (If yes give war or dates of service NO				Maryland 2001/
F	18. CAUSE OF DEATH (Enter only one couse per	the for (a), (b), and (c).)		vessels)	Maryland 2001/
I	PART I. DEATH WAS CAUSED BY	Congenital Heart Di			
П	7.545 DUE TO				
	Conditions, if any, which gave 1 (b)				
1	rise to immediate couse (a), (
1	storing the underlying couse (c)				
ł	PART II OTHER SIGNIFICANT CONDITIONS CONTRIB	SUTING TO DEATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE CONDI	TION GIVEN IN PART 1(a)	19. WAS AUTOPSY
	200 ACCIDENT WAS UNDERLYING CONTRIBUTING CALLSE OF DEATH OF EXTREME MOVING MEDICAL EXAMINED		The remaining property carries	(4)	PERFORMED?
	5 200 ACCIDENT WAS JNDERLYING □	206 DESCRIBE HOW INJURY OCCURRED (I	Enter noture of anium in Por	et Lor Part II of Ham 183	
	OR CONTRIBUTING CAUSE OF DEATH	200 DESCRIBE HOW WORK DECORALD (times notore of mipry in For	11 01 1071 11 01 11877 10)	
		20d NJURY OCCJRRED 20e PLACE	E OF INJURY (Home, form,	1 20f (City or town)	(County) (State)
1	Hour'o.m.	While Not While focto	ry, street, office bldg , etc)	to felly of lower	(coonty) (note)
- [p.m.	at work L		(B . C t 0/	- A / ET
	21. I certify that (X) (this haspital) saw the deceased alive an Sept	attended the deceased fram D6	300 . Z4 , 19	57, 10 Sept. 25	, 19 <u>67</u> that (x) (we) last
1	220 SIGNATURE	19 Of, and that	death accurred aro		
ı	220 SIGNATURE	10-03 10 010	ATTENDING ME	ED. STAFF	22b. DATE SIGNED
1	22c PHYSICIAN'S	eleser M.D.	PHYS L. DII	RECTOR PHYS X	27 Sept. 1967
ł	NAME (Type) Lynn M. Pet	erson MD	Tretitutos	Clinical Cente of Health, Beth	er, National
F					
1	230 BUR AL CREMATION, 23b DATE THEREOF, REMOVAL (Specify)	234 NAME OF CEMETERY OR C	11 11 10	23d LOCATION (City or Town)	(County) (Stote)
1	Stept of 1	CHRONDELL	41LL CAM	Y U A	MAC CICHARIAN
	24 -FUNERAL DIRECTOR	ADDRESS /	VIRK 250 RECDB	·	RAR S SIGNATURE
1	I ANTHE SIFKY (ICELL) NO	KI 1/11/10/100	TAN DATE FO	29 1967 VCL	conta Jusque



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item 2 Film CERTIFICATE 12776 and 2 death. 2. USUAL RESIDENCE (Where decoased lived, if institution Residence before admission o. STATE b COUNTY PLACE OF DEATH o. COUNTY of ter (Pages MENGTH OF STAY IN 16 b CITY OR TOWN (I outside corporate Whits (If outside serparate limits, write RURAL and give nearest town) bon papers. Page within 72 hours o Klingenbach d NAME OF HOSPITAL OR INSUITUTION (If not in-haspital, give street address) e IS RES DENCE ON A FARM? d STREET ADDRESS filled YES NO completely figure over corbon NAME OF Middle DATE Manth Year Day DECEASED (Type or pnnt) in ony event, DEATH IF UNDER 1 YEAR F UNDER 24 HRS 6 COLOR OR RACE 8. DATE OF BIRTH AGE NEVER MARRIED ove last bifurdoy) Months Days Hours WIDOWED DIVORCED and 10a USUAL OCCUPATION (Give kind of week-done 11 BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT certificote be during most of working life, even further ottending physikian sermit. Then please oud FATHER'S NAM 14 MOTHER S MAUDEN JESMI removo ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO. Address low reguires that the death buriol-trons † permit. buriol, cremation, or re (If yes give war ar dates of service) INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the buriol-trons to PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 1001 DUE TO of the Lung Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause been prior to WAS AUTOPSY hos PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G. VEN IN PART 1(a) PERFORMED? CERTIFICATION ed for use of Heolth p USe NO certificote 20a ACCIDENT WAS UNDERLYING . 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (State) O FUNERAL DIRECTOR: After this director, page 3 should be detoc Hour 'o m. factory, street, office bldg, etc.) While Nat While at work at wark 1967, that (I) (we) last 21 | certify that (1) (this haspital) attended the deceased framalica-1961, to Sept 21 director, page 3 should should be fried with the 1967, and that death accurred at 6:007M, from causes and an the date stated above saw the deceased alive an_ 22a SIGNATURE 22b DATE SIGNED ATTENDING STAFF M.D DIRECTOR 22d ADDRESS 22c PHYSICIAN S NAME (Type) Corinne Cooper 104 S. Washington Stre. t. Rock. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY BURIAL CREMATION. 23d LOCATION (City or Town) (County) BULL Specify) 9/23/67 Gate of Heaven Silver Spring, Md. MIRKA ROCK PIKE 250 RECD BY REGISTRAR SEP 2 5 24 FUNERAL DIRECTOR VR A15 (4) 25M 1/67 Rockvillo. Tyson Wheeler Funeral Ho DATE

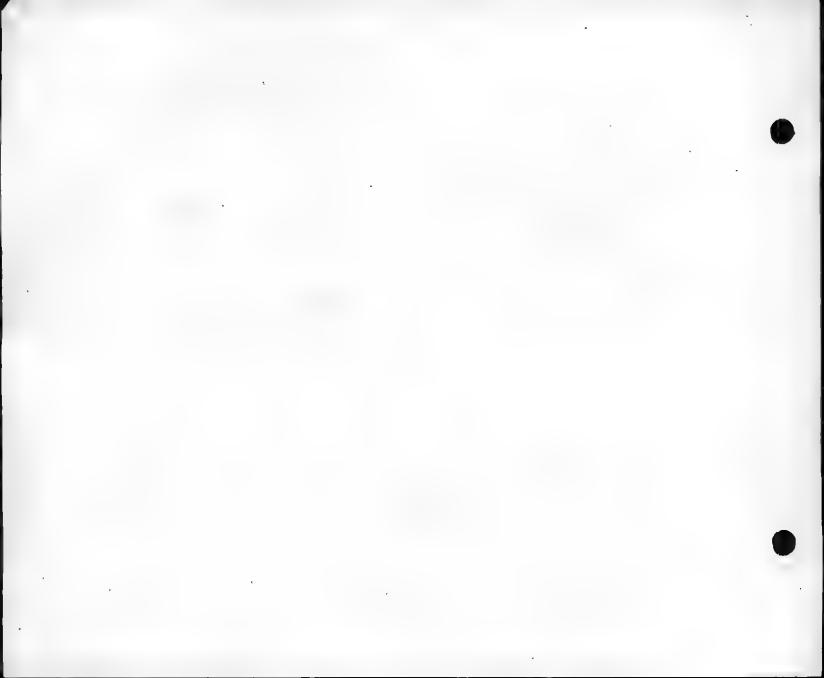


301 W. PRESTON CERTIFICATE OF DEATH

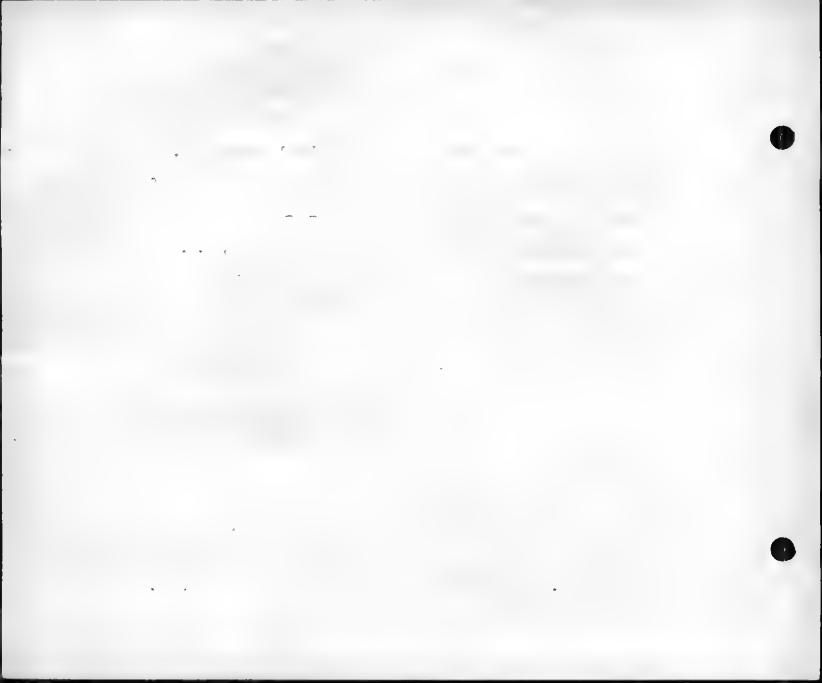
		PLACE OF DEATH O. COUNTY		2. USUAL RESIDENCE (Who	b. (litution Residence	before odmis	ssion)
	Ŀ	77 0 77	RYLAND (IN 1b	CEITY OR TOWN OF OUTSIG			en er	
		b CITY OR TOWN (If antisde corparate limits, c. LENGTH OF STATe write RURAL load give nearest town)		Situr S	moring Ro	6 1	Md	1- /
	کید	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		d STREET ADDRESS	1 ()	-19119		SIDENCE A EARM?
175	1	andalok Hills Nursing Home		864/18	202 Henry	Road		D NO ⊠
1	į	NAME OF DECEASED (Type or print) Madele Pesse		Waidler	DATE OF DEATH	Nonth pt.		Year
	\$ 5			DATE OF BIRTH	9. AGE (In year lost birthday) Months [YEAR IF UNI Doys Hour	DER 24 HRS.
	10a. dori	USUAL OCCUPATION (Give kind of work done ing most of working the even if retired) INDUSTRY		11 BIRMPLACE (County & S New Aer se	tate or foreign country)	12 CITIZ COUN	EN OF WHAT	
		FATHER'S NAME		14. MOTHER'S MAIDEN NA		· Icc.	5.	
		Wm. Waidler		Minnie Co				
	TS (Ye	was deceased ever in u.s. armed forces? 16. SOCIAL SECURITY NO 219-07-0590		FORMANT erly Waidler		ddress		
		IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY.	\	1 Basa - X			INTERVAL E	
		170 X IMMEDIATE CAUSE (o) DUE TO					0	
		Conditions, if ony, which gave itse to immediate cause (a),		1				
	1	stoting the underlying couse DUE TO						
		lost. (c) (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R	BATED TO TH	F TERMINAL DISEASE CONDI	TON GIVEN IN PART 1/o	1	I 19 WAS A	UTOPSŸ
,	NOL	Co com entre solution of the s	سند	Zen >	on one of the state of		PERFOI YES -	RMED?
	CERTIFICATION	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OCCURRED (E	nter nature of injury in Po	t I or Port II of item 1B.)		
	MED.CAL	20c. TIME OF INJURY Month, Doy, Year While Not While of work of work		OF INJURY (Home, form, y, street, office bldg., etc.)	20f (City or town) (Coun	ty)	(Stote)
		21. I certify that (I) (this pospital) attended the decease	d fram	oruber, 19	ta lent	7 , 196), that (I)	(we) last
		saw the deceased alive an 3436 6 1957	and that	death accurred at	459M, fram caus			ed above.
		220 SIGNATURE	M D.	ATTENDING MI	ED STAFF PHYS.	De DAT	E SIGNED	947
ı		220 PHYSICIANS BLAINEHEIG		P641 Co	lesable	Ed Sil	restyre	- J
	230	D. BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CE		EMATORY	23d LOCATION (City o		County)	(Stote)
	_	REMOVAL (Specify) 11-11-11-11-11 POPULATION SITE OF STATE OF STA	ldy	250 PEC'D D	Deposit, N	REGISTRARS SIS	MATHER	2122
1	ys S	FUNERAL DIRECTOR Son Wheeler Funeral Home-1331 Rocky Rockville, Md.	ville P	ike DATE SEP		1	Jus	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, ar remayal, and in any every within 72 hours after deep Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12779 127:0 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased aved, if institution: Residence before admission) MONTGOMERY MARYLAND MARYLAND b. CTY OR TOWN (If outside corporate amits, CLENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate IIIm ts, write RURAL and give nearest town) write RURAL and give nearest tawn) 28days SANDY SPRING B IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS MONTGOMERY GENERAL HOSPITAL 17701 DOMINION DR. hin. YES NO DX 3 NAME OF Middle First Lost DATE Month Day DECEASED SIDNEY **NMN** WALTER 1967 (Type or print) DEATH S. SEX 6. COLOR OR RACE 7 MARRIED 35 8 DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS requires that the death certificate be exegute NEVER MARRIED tost buthday) Months Hours in any WIDOWED DIVORCED 10-22-96 White Male pup 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CTIZEN OF WHAT during most of working life, even if with ed INDUSTRY COUNTRY? Exclande WASHINGTON. D.C. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remayal, THOMAS WALTER SUE RAINES 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war or dotes of service) 17, INFORMANT 16. SOCIAL SECURITY NO. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO signed burial-ti Conditions, if only, which gove rise to immediate couse (a), DUE TO stoting the underlying couse peen 005 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? alth NO PHYSICIAN: 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part 11 of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or town) (County) (State) foctory, street, office bldg, etc.) ATTENDING ot work After 21. I certify that (1) (this haspital) attended the deceased from Sunt (1967. to Ser 32, 1962, that (1) (we) last saw the deceased alive an June 20 ____1942, and that death accurred at 8:55PM from causes and an the date stated above TO FUNERAL DIRECTOR: 22o, SIGNATURE 22b DATE SIGNED M.D. DIRECTOR , page be filed 22d. ADDRESS HOSPITAL 22c. PHYSICIAN'S NAME (Type) A DEMENT BONIFANT SANDY SPRING, MD. director, sheuld 231 MAME OF CEMETERY OR CREMATORY 23d, LDLATION (City or Town) 23. BUR AL CREMAT OF DATE THEREOF VR A15 (4)

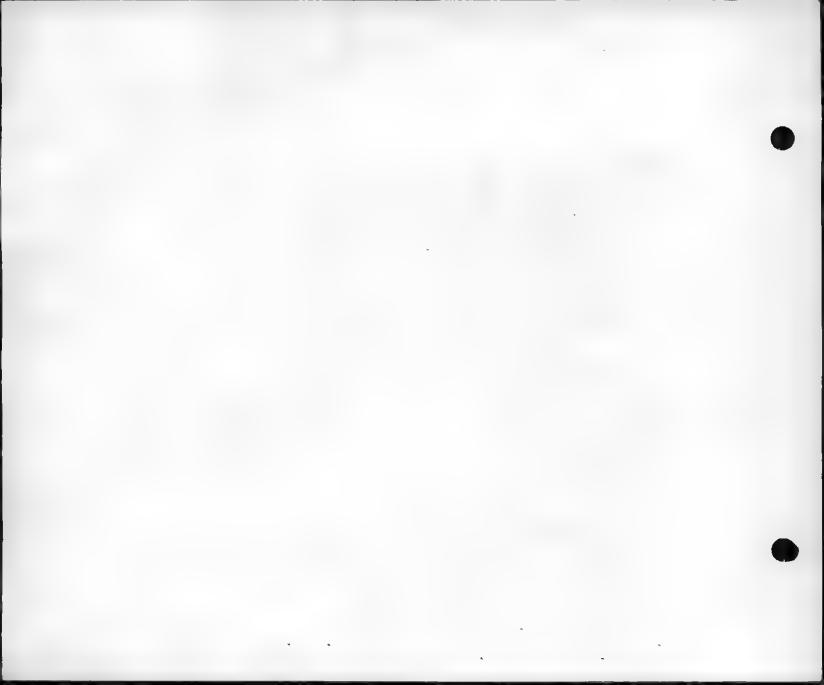


12771

CERTIFICATE OF DEATH

		ARMITTANE VI PROTTI			
		PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)	
	(O. COUNTY MONTGOMERY MA	RYLAND	o. STATE Mand b. COUNTY	
		h CITY OR TOWN (If outside comparate limits I c IENGTH OF STATE		c CITY OR TOWN (If autistic carparate limits, write RURAL and give recrest town)	
	1	write RURAL and give negrest town)	ays		
	-	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	~73	d STREET ADDRESS 1 0 15 RESIDENCE	
11	, `	2 1 1 10 miles of marriage (in that in maspiral, give stress doutess)	,	ON A FARM?	
1	W	Jashington Janitarium + Hospit	4	8910 Flower Ave. YES NO	
-	3. [NAME OF First Middle DECEASED (Type or pant) C.laude Mar		Last 4. DATE Month Doy Year	
7				Ward DEATH SEPT, 7 19 61	
J	ν.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARR		8. DATE OF BIRTH 9 AGE (In years FUNDER 1 YEAR IT UNDER 24 HRS Months Days Hours Months Days Months Days Hours Months Days Months Days Months Days Months Days Months Days Mon	
	_	rale white WIDOWED DIVORG	ED []	6-8-74 75 vis	
		LSUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) 10b KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?	
		lestern Union Western U	nian	1 11 11 11 11 11 11 11 11 11 11 11 11 1	
		FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	1	Van Anderson WARD		Elizabeth armstrona	
	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. II	INFORMANT Address	
	{Ye	s, na, ar unknawn) (If yes give war ar dates at service) 577-09-85	-23	Hospital Records	
		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	-	INTERVAL BETWEEN	
		PART I DEATH WAS CAUSED BY	arre	ONCET LAID DEATH	
		IMMEDIATE CAUSE (a) CAPOTAC	1	, (
		Conditions, it ony, which gave) (b) Myocardia	(I	infanct 10 days	
		rise to immediate cause (a),			
		stating the underlying couse (c) ASHO			
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
	NO.		PERFORMED?		
2	CERTIFICATION	7.73	YES NO		
	ERTH	OR CONTRIBUTING CAUSE OF DEATH	OCCURKED ((Enter noture of injury in Port 1 or Port II of item 18)	
		(IF EITHER, NOTIFY MEDICAL EXAMINER)	T		
	MEDICAL	20c TIME OF INJURY Month, Day, Yeor 20d INJURY OCCURRED While - Nat While -		ICE OF INJURY (Home, form, 120f (City or town) (Caunty) (State) tary, street, office bldg., etc.)	
	26	p.m. 19 ot wark at wark	J		
		21. I certify that (1) (this hospital) attended the deceased fram as 28, 1967, to Sept. 9, 1967, that (1) (we) lost			
saw the deceased alive an Set 8, 1967, and that death accurred at 7,101.M, fram causes and an the					
		220 SIGNATURE	ATTENDING MED STAFF 22b. DATE SIGNED		
,		/ Man others	M.D	D PHYS LY DIRECTOR LY PHYS LY 9/9/67	
		22c. PHYSICIAN'S NAME (Type) MAD WIN SCHAIT IS TO		22d. ADDRESS	
		NAME (Type) MARVIN SCHNIZIDER,	U,D	911 Silver Splin, Ave	
	23a.	BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CE	METERY OR C	CREMATORY 23d LOCATION (City or Town) (County) (State)	
		Buria Sept. 11.1967 Gate of	Heav	ven Silver Spring Maryland	
	724		2434 G	250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE	
)	1.0	man & humbran Tun	Lucia	100 1 3 1967 Cliarles 2007	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the formal director, page 3 should be detached for use as the buriol-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, crematian, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Cours after death Page 4 may be retained by the hospital or attending physician. VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12781 CERTIFICATE OF DEATH death that the death certificate be executed within 24 hours after death funeral 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) 1. PLACE OF DEATH o. COUNTY MARYLAND nont Gomeen OR TOWN (Woutside corporate limits, write RURAL and give nearest town) by The Pages b. CITY OR TOWN (If outside corporate of write RURS, and give nearest town) c. LENGTH OF STAY IN 15 papers. Pag-1) O.A Silver SORING e IS RES DENCE ON A FARM? d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospitor, give street address) Filled YES NO IX DATE NAME OF Lost Day Year campletely a DECEASED HNDREW DEATH (Type or print) SEX AGE (In years IF UNDER TYEAR 6. COLOR OR RACI 7. MARRIED **NEVER MARRIED** 8 DATE OF BIRTH birthdoy) Manths Doys Hours WIDOWED and 10a JSUAL OCCUPATION (Give kind of work done 12 CIT ZEN OF WHAT 10b. KIND OF BUSINESS OR during gast of working life, even if retired) Carolina North 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Samuel David Ward Mary Ann Hutchinson IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service 242-05-0723 INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c))
PART I. DEATH WAS CAUSED BY. signed by the burial-transit p IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which gove rise to immediate cause (a), DUE TO os the i stoting the underlying couse has been WAS AUTOPSY PERFORMED? PART II OTHER SIGN, FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT MELATED use NO NC cert, ficate OR ATTENDING PHYSICIAN: far 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of tem 18) 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (County) (State) TIME OF INJURY Month, Doy, Year (City or town) **DIRECTOR:** After this Hour am. factory, street, affice blda., etc.) While Not While State at work at work L pe 196 /, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from 10 be retained director, page 3 should should be filed with the saw the deceased alive on light with 19 1967 and that death occurred at !! M, frain causes and an the date stated above SIGNATURE **■DATE SIGNED** ATTENDING DIRECTOR PHYS. ADDRESS 22d. PHYSICIAN'S O HOSPITAL TO FUNERAL CEMETERY OR CREMATORY (County) 23o. BURIAL, CREMATION, Maryland 2Sb. REGISTRAR'S SIGNATURE 25M 1/67 Pumphreu



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 12782 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) b. COUNTY o. COUNTY o. STATE Montg. Montgomery MARYLAND c LENGTH OF STAY IN 16 c CTTY OR TOWN (If ourside corporate limits, write RURAL and give nearest town)
Bethesda b CITY OR TOWN (If outside corporate limits, Write RURA, and give nearest town)
Bethesda STREET ADDRESS .0200 Hatherleigh Dr. e IS RESIDENCE d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 10200 Hatherleigh Dr. YES NO 3 NAME OF Middle 4 DATE Month Doy Lost Year DECEASED (Type or print) OF Sept. 11 19 67 Earle Catherine Weber DEATH IF UNDER 1 YEAR AGE (In years IF UNDER 24 HRS. SEX 6 COLOR OR RACE DATE OF BIRTH **NEVER MARRIED** birthdoy) Doys Hours Female White Dec. DIVORCED 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) U.S.A. during most of working life, even if retired) INDUSTRY Conn. Practical Nurse 14. MOTHER'S MAIDEN NAME ---Higgins Earle 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) Weber - Husband same item #2 Emil M. 264-80-1838 INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse lost. WAS ALTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e, PLACE OF INJURY (Home, form, 20d INJURY OCCURRED (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour a.m. foctory, street, office bldg., etc.) Not While of work ot work 21. I certify that (1) (Nic haspital) attended the deceased from June 1966 to 1967, and that death occurred at 530 PM, fram causes and an the date stated above. saw the deceased alive an 22a. SIGNATURE 22b DATE SIGNED STAFF PHYS. ATTENDING DIRECTOR M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Perry B. Richard 23c. NAME OF CEMETERY OR CREMATORY 236. DATE THEREOF LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) REMOVA Spenty 67 Walnut Grove Meriden Connecticut Rockville, Maryland 2So REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Tyson Wheeler

VR A15 (4) 20 M 1/66

director, page 3 shauld should be filed with the

requires that the death certificate be executed within 24 hmurs after death

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attending physician sermit. Then please

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Page 4 may be retained by the hospital ar O FUNERAL DIRECTOR: After this certificate

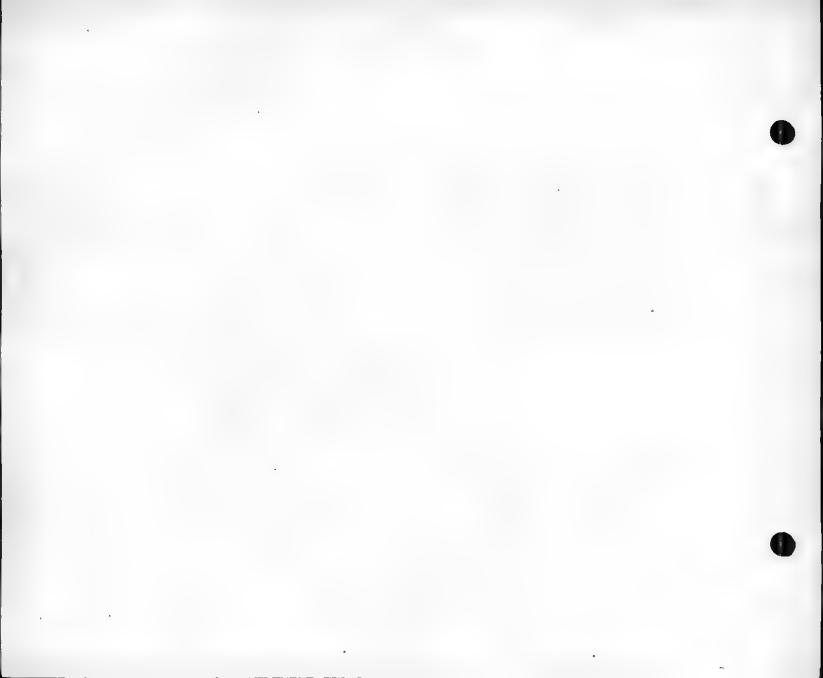
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and in any event,



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12783 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH-DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission o. COUNTYb. COUNTY CITY OR TOWN (IF ourside corp write RURAL and give neares MARYLAND **Departmen**[‡] c LENGTH OF STAY IN 16 outside corporate lin CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? e, writing the ward "panding" in pancil in Item 18. Give Poges 1, forwarded to the Chief Medical Examiner's Office along with form State in Item 18. Give Poges NO.PG NAME OF Month Doy Year DECEASED (Type or print) OF DEATH 事 S SEX AGE (In years IF UNDER 24 HRS 7 MARRIED DATE OF BIRTH NEVER MARRIED last birthday) Months Days Hours in any event within 72 hours after death. DIVORCED 10o USUAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR (State or foreign country) during most of working life, even if retired) COUNTRY 2 13. FATHER'S NAME WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFOR be executed permit. (Yes, no, or unknown) (If yes give wor or dotes of service 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN buriol-fronsit PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (0) should DUE TO Trauma tram Auto Accident. Conditions, if any, which gove (b) rise to immediate cause (o), DUE TO certificote storing the underlying couse o ond 19 WAS AUTOPSY PERFORMED? removol, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERT F CATION please execute the certificate, YES X NO [pe 20g EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING COLORS CAUSE OF OLATH 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 of Item 18.) 3 should 5 moy be retoined for your files.

TO FUNERAL DIRECTOR: Poge 3 should Health prior to buriol, cremotion, or shauld intersection **EXAMINER:** was during was shock MEDICAL 20d NJURY OCCURRED 20e PLACE OF INJURY (hame, form, 20c TIME OF INJURY Month, Day, Year (County) (State) foctory, street, office bldg , etc.) While Not While W D-mecher, of work ot work 21 I certify that I took charge of the remains described obove, held an Autapsy X Inspection 🔀 and in my opinion funeral director. death resulted from Natural causes Accident X Undetermined manner Suicide |]. Homicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) he 230 BURIAL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR GREMATORY 23d LOCATION (City or Town) (County) Colmar Manor Pro Geo Md. REMOVAL (Specify) Ft Lincoln Cemetery 1967 Sept 6. 24. FUNERAL DIRECTOR ADDRESS. 2So REC'D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE VR A15ME (5) Clearly Justice F. Gasch's Sons Hyattsville, Md.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12784 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased rived, if institution Residence before admission) b. COUNTY PLACE OF DEATH o. COUNTY Montgomery MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, LENGTH OF STAY IN 16 write RURAL and give namest town) Wilton e IS RESIDENCE you papers. d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? filled Althea Woodland Nursing Home Cheese Spring Rd YES NO T 4 DATE Manth Year NAME OF carbon letely DECEASED
(Type or print) Ethel Betts Weston DEATH event, JF UNDER 8 DATE OF BIRTH AGE (In years 6. COLOR OR RACE SEX 7. MARRIED NEVER MARRIED remaye 84 yrs Manths Days Haurs Female Caucasian WIDOWED and in any DIVORCED 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR COUNTRY Own Home edse during nost of work include even if retired) New York State John Betts 14 MOTHER'S MAIDEN NAME ō. burial, cremation, ar remaval, Ellen Scofield attending p 17 INFORMANT 4427 Linnean Aves N.W.WASH.D.C 16. SOCIAL SECURITY NO IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no orunknawn) (If yes give wor ar dates of service) Mrs. Neltze Vande Velde Dtr. 18. CAUSE OF DEATH (Enter any one couse per line for (a), (b), and (c) signed by the burial-transit g ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) be retained by the haspital ar attending physician. DUE TO Canditions, if any, which gave rise to immediate couse (o), DUE TO tar use as th≡t fHealth priar ta b stating the underlying cause has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO SC this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED foctory, street, office bldg., etc.) Hour a.m. Nat While of work TO FUNERAL DIRECTOR: After 21. I certify that (I) (this hospital) attended the deceased from and that death accurred at 945 AM, from causes and an the date stated above. 1967 saw the deceased alive an___ 22b. DATE SIGNED 22a, SIGNATURE MED. DIRECTOR 22d. ADDRESS director, page A FIREGERALY UNIU. BLUDE. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) (County) (State) 230 BURIAL CREMATION CMEMBERTON 9/16/67 Suitland Cedar Hill Crematory 24. FUNERAL DIRECTOR Joseph Gawlre's Sons 5130 Wisc. Av. N. W. DATE



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Them #L Film CERTIFICATE OF DEATH

1278 12785 Su 10 requires that the death certificate be executed within 24 haurs after death. pletely filled in by the funeral carbon papers. Pages I and paper, within 72 hours after death 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE P CURINTA Montgomery MARYLAND b CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Wheaton Washinoton e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS 3232 D Street, S.E. University Nursing Home YES NO 🗙 NAME OF Middle Last 4. DATE Month Day Year and completely DECEASED George Whaley Sept. (Type or pnnt) 19 67 DEATH SEX 6 COLOR OR RACE B DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED **NEVER MARRIED** physician and component please remove last birthday) Hours male Negro any WIDOWED DIVORCED 6/1/1891 76 100 USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR and the 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Farmer Georgia USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, Dock Whaley attending p permit. The Martha Marble 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) (If yes give war ar dates at service) 245-16-0620 cremation, signed by the c burial-transit proburial, crematia CAUSE OF DEATH (Enter only one couse per line 100 (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) physician DUE TO Canditians, if any, which gave rise to immediate cause (a), **DUE TO** stoting the underlying cause has been see as the left the prior to be attending PHYSICIAN: The law last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? be detached far use State Dept. af Health NO by the haspital ar O FUNERAL DIRECTOR: After this certificate 20a. ACCIDENT WAS UNDERLYING 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) Hour o.m. factory, street, affice bldg., etc.) Nat While ot wark L at wark 21. I certify that (1) (this haspital) attended the deceased fram be retained saw the deceased alive an and that death accurred at 5 M. from causes and an the date stated above. 22a, SIGNATURÉ 22b. DATE SIGNED ATTENDING director, page 3 should be filed v M.D DIRECTOR PHYS PHYS. 22c. PHYSICIAN'S 22d, ADDRESS Page 4 may NAME (Type) 23 BUR AL CREMATION NAME OF CEMETERY OR CREMATORY DATE THEREO! 23d LOCATION (Caunty) (State) REMOVAL (Specify) 250 REC'D BY REGISTRAR 24. FUNERAL-DIRECTOR 286. REGISTRAR'S SIGNATURE VR A1II (4) 2II M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH





DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 and 2 death, death, PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY after after the MARYLAND Pages b. CITY DR TDWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 1b á KILS write RURAL and give rearest town) hours .⊑ 010 d. SIBLED e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ed DN A FARM? þa NOT Ξ YES within etely NAME DE Middle DATE Month Day Year DECEASED 2 event. (Type or print) compli DEATH 196 car executed 6. COLDR DATE OF BIRTH AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS remove 7. MARRIED NEVER MARRIED Jast birthday) Months | Days Hours /Grs. WIDDWED DIVORCED 12. CITIZEN DF WHAT physician in please r .⊑ 10a. USUAL DCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR (County & State, or foreign country) CAPPUSTRYOME CDUNTRY7. during most of working life, even if retired) certificate be and FATHER'S NAME removaí. MOTHER'S MAIDEN NAN attending ph ermit. Then Unknown 15 WAS DECEASED EVER IN U.S. CRMED FORCES? 17. INFORMANT Address 16. SDCIAL SECURITY NO. the attent t permit. 5 death (Yes, no, or unknwn) | (If yes give war or dates of service) 401 cremation, been signed by the the burial-transit is or to burial, cremati CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN DNSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which gave rise to immediate DUE TD cause (a), stating the prior underlying cause last, 93 (c) CERTIFICATION 19. WAS AUTOPSY PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health p certificate of the for use of Heafth PERFORMED? NO 🔀 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: DESCRIBE HOW INJURY DCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) detacher MEDICAL 20c. TIME OF INJURY Month, Day, Year (State) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While After Id be d p.m. 19 at work at work retained DIRECTOR: A age 3 should led with the S 21. I certify that (I) (this hospital) attended the deceased from and that death occurred atta-37 M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED pe page STAFF PHYS. ATTENDING M.D. DIRECTOR PHYS. 4 may O HOSPITAL O FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) BURIAL, CREMATION | 23b. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) DATE THEREDI REMOVAL (Specify) 1967 **FUNERAL DIRECTOR** Md VR A15 (4) DATE 20M 1/65

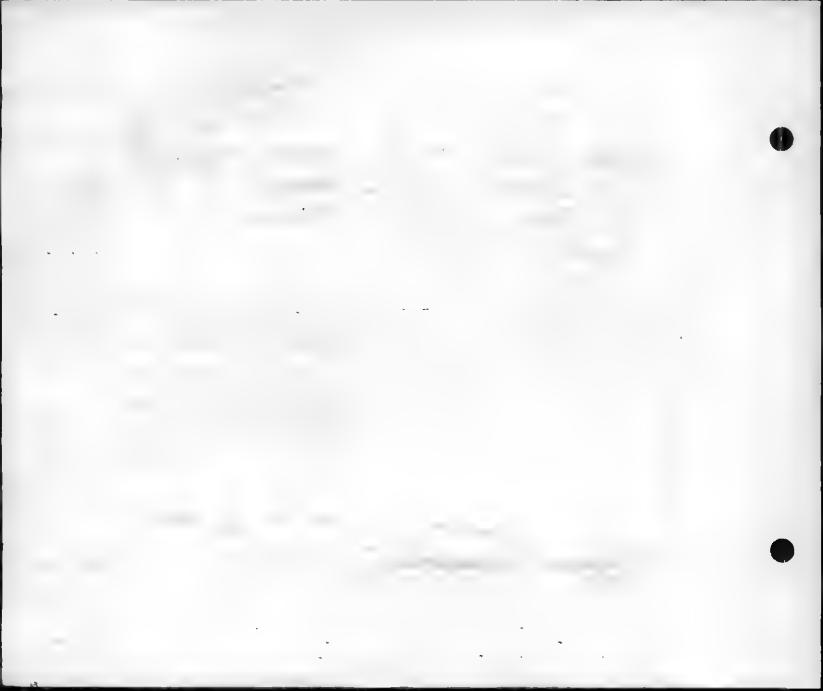
MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12788

PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) b. COUNTY ON lown en CITY OR TOWN (II autside carporate limits, write RURALL and give pearest town) MARYLAND CLENGTH OF STAY IN 16 autside carparate imits, write RURAL and give nearpsy town d NAME OF HOSPITAL OR ASTITUTION (If not A hospital, give street address) ON A FARM? YES NO. NAME OF DECEASED OF DEATH even (Type or print) 7 MARRIED # AGE (n years NEVER MARRIED Jost birthday) Hours DIVORCED 11 BIRTHPLACE (County & State, or foreign country) 10a. USUAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT The law requires that the Tath certificate be during most of working life, eyen if retired) COUNTRY 2 and Massachusetts
MOTHER'S MAIDEN NAME Housewite ar remoyal, c 13. FATHER S NAME Unknown Paul Denno 11528 Addrivejoy Street Silver Spring, Md. 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO (Yes, pay, or unknown) (I) yes give war or dotes at service) James R. 017-07-1755 crematian, 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) INTERVAL BETWEEN the ONSET AND DEATH burial, Canditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying cause has been priar to WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? detached for use e Dept. of Health p YES DE OR ATTENDING PHYSICIAN: 20o ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm 20f (City or town) 20c TIME OF INJURY Manth, Day, Year (County) (State) Hour a.m. factory, street, affice bldg., etc.) Not While at wark at work TO FUNERAL DIRECTOR: After 21. I certify that (I) (this hospital) attended the deceased fram Sept 21, 1967, to Sept 29, 1967, that (I) (we) last saw the deceased alive an Sept 29, 1967, and that death accurred at 1188M, fram causes and an the date stated above. director, page 3 shauld should be filed with the saw the deceased alive an Sent. 29 MED DIRECTOR Physicials Naymond Bradshaw 22d. ADDRESS O HOSPITAL 345 UNIV BLUD W. SILVER SPRING 23c NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d LOCATION (City or Town) 23g BURIAL CREMATION. Carter 8434 Profice Ave. Control September 1985 Control Strain Ave. Control Of Control O Arlington Virgi VR A15 (4) 25M 1/67

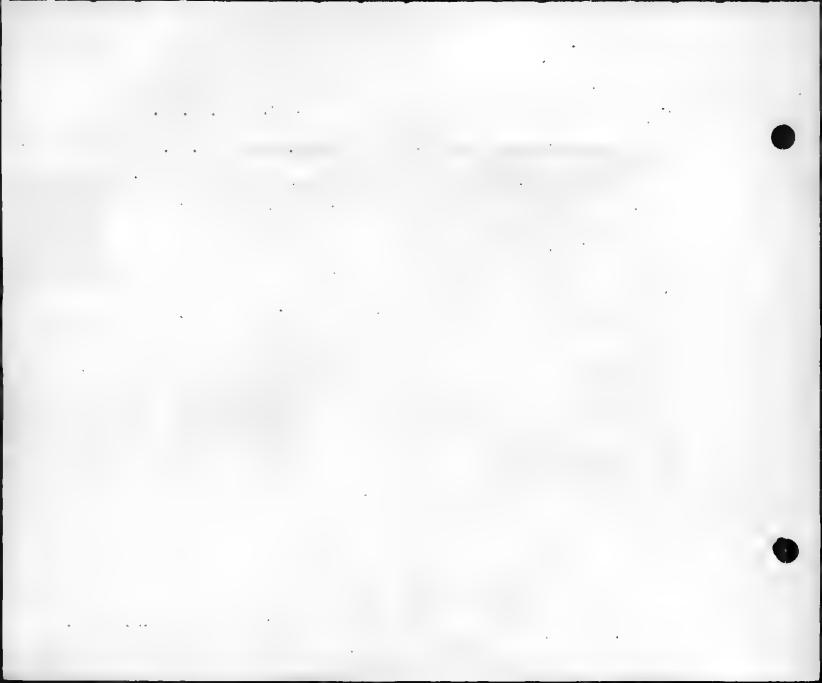


TO FUNERAL DIRECTOR: Efter this certificate has been signed by the attending shysician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then place remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, individually event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law remained that the death mertificate be exemuted within 14 mours after Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF	HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTO	N STREET, BALTIMORE 1, MARYLAND
12750 CERTIFICATE OF DEATH	12789

	42.03
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, I c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	Washington, D. C. 47
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
Oakhaven Convalescent 7+om	15 E. Street N. W. VES NO K
3. NAME DF First Middle	Last 4. DATE Month Day Year
(Type or print) Covicy J. William	u some DEATH Dept 06 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In Mars IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
WIDOWED DIVORCED	Dee 11, 186/ 99 yrs.
102. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
House wife	Missouri U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jamuel Turner Moore	Timma hewellyn Tevanson.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknwn) (If yes give war or dates of service)	INFORMANT (Address ()
No ~ 577-46-1712-51	Mustathan King 15 ESTNW, Dr
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ut failure plade -
194 X DUE TO COL	<i>\(\)</i>
Conditions, If any, which gave rise to immediate (b)	when menting
cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELI	PERFORMED?
CO. ACCIDENT WAS INDECLIVED TO 1 200 - DESCRIPTION INVITANT ORD	YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of Injury In Part I or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL/ Hour a.m. While at work at work at work	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While p.m. 19 at work at work	13, 511661, 01100 piug.; 616.)
21. I certify that (I) (this hospital) attended the deceased from	5/31/ 1967 to 9/74, 1967, that (1) (we) last
saw the deceased alive on 9/1/2 1967, and tha	t death occurred at 4 M, from the causes and on the date stated above.
22a. SIGNATURE FOR IAM SECTION A	22b. DATE SIGNED
M.I	D. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S NAME (Type) C. Mas by Wo Lo How	9 224 ADDRESS
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial 9/29/67 Rock Creek	Cemetery Washington D C
24. FUNERAL DIRECTOR ADDRESS	0.000 0.0000 0.0000 0.0000 0.0000 0.0000
9H Huns (0 2901 14st N. W.	DATICT 2 1967 fictionles Judge
	1//

VR A15 (4) 20M 1/65



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		12782 CERTIFICAT	E OF DEATH	T.	2790			
		COUNTY MONTGOMERY MARYLAND	a STATE M.		aomer			
ST.		CITY OR TOWN (if autside corporate limits, c LENGTH OF STAY IN 16 write RURA, and give nearest town) Takona Park Ma. 2 days I. NAME OF HOSPITAL OR INSTITUTION (if not in haspital, give street address)	wheaten	e corparate limits, write RURAL and	e IS RES DENCE			
1	3 1	Washington Santacium and Hospite	10820 G		ON A FARM? YES NO Doy Year			
	5 5	Type or print) Herbert George EX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED	8. DATE OF BIRTH	DEATH Sept No. 1 P. Marih	20 19 6 Y DER I YEAR IF UNDER 24 HRS. IS Days Hours Man			
	10 0	USUA. OCCUPATION (Give kirld of wark dogse ng most of workholde, event freired f MBUSTRY HA Caline	3-20-90 III BIRTHPLACE (County & Str	Yrs.	CITIZEN OF WHAT COUNTRY?			
		George R. Wilson	14. MOTHER'S MAIDEN NAM	s Shutte				
	(Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 5, no grunknawn) (If yes give war ar dates of service) 22(0-58-4872) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).)	Hospital F	Records	INTERVAL BETWEEN			
		PART I DEATH WAS CAUSED BY- IMMEDIATE CAUSE (0) 33/X DUE TO Conditions, if ony, which gove) (b) Conditions, if ony, which gove)	en poles.	sporterom	SONSET AND DEATH			
		rise to immediate couse (o), stoting the underlying couse (c) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINA IN SEASE CONDUCT	ION GIVEN IN PART 1(n)	19 WAS AUTOPSY			
,2	MEDICAL CERTIFICATION	200 ACCIDENT WAS UNDERLYING COORDINATED OR CONTRIBUTING COLOUR FED OR CONTR	10		AEZ NO Z			
	MEDICAL CE	(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PL	ACE OF INJURY (Hame, farm, ctory, street, office blag , etc.)	20f (City or town)	(County) (Stote)			
			at death accurred and	M, fram causes and ar	the date stated above.			
		220. SIGNATURE ATTENDING X MED STAFF PHYS CIPRECTOR PHYS CIPRECTO						
	Ø)An	NAME (Type) OLIVER E THOMPSON BURNAL (REMAT ON REMOVAL (Specify) Supl 25, 1967 Dead Lawn &	4	23d Lection (ply or Town)	(County) (State)			
	74 Tile	FUNERAL DIRECTOR ADDRESS?	250 FELD BY DATE SE	REGISTRAR 1957 REGISTRAR	SIGNATURE			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers—Pages 1 and shauld be filed with the State Dept. at Health priar to burial, cremation, or remaval, and in any event, within 72 hauls after deaf Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

TO HOSPITAL OR ATTENBING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.



TO CONFIGURATION. After this certificate has been signed by the attending physician and campletely filled in by the foregal director, page 3 should be detached far use as the burial-transit permit. Then please remayer tangen papers. Pages Paria 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer

Page 4 may be retained by the hospital or attending physicion.

VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF YITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

- L									
ſ	1. PLACE OF DEATH			re deceased lived, if institution: f	tesidence befare admission)				
1	a. COUNTY	MARYLAND	MARY LAN	b. COUNTY	auto co				
ŀ	b CITY OR TOWN (1 autside comparate lim			e carporate limits, write RURAL a	nd give negrest town)				
-	write RURAL and give neorest town)				no give nearon ranny				
ŀ	DETHESDA	16 HRS.	DETHES.	DA	I . VC DECIDENCE				
.	d. NAME OF HOSPITAL OR INSTITUTION (H	not in Paspital, give street address)	d. STREET ADDRESS	_	e IS RESIDENCE ON A FARM?				
	DU BURBAN		7211 EXET	TER KD	YES NO X				
I	HIVE FAIRS	First Middle	Lost 4	DATE Marith	Doy Year				
M	(Type or print)	IE H. WI	Lson	DEATH Sept.	7 1967				
П	S. SEX 6 COLOR OR RACE		DATE OF BIRTH	9 AGE (In years IE	INDER I YEAR IF UNDER 24 HRS				
1	FEMALE WHITE	WIDOWED 🔀 DIVORCED 🔲	9/24/81	lost birthdoy) Ma	nths Days Hours Min				
ı	10a USUAL OCCUPATION (Give kind of work don		11 BIRTHPLACE (County & St	ate, ar fareign country)	12 CIT ZEN OF WHAT				
-1	during most of working life, even if retired) HOUSEWIFE	INDUSTRY	New Von	24	COUNTRY?				
ŀ	13. FATHER S NAME	Henwood	14. MOTHER'S MAIDEN NAM		4.077.				
Н	11/1/2	HERNALINA	/						
ŀ	15. WAS DECEASED EVER IN U.S. ARMED FORCES		FRANCES NFORMANT	MISDOM	~				
ı	(Yes, na, or unknown) (If yes give war ar date:	e of corvice)		1 /	ne as Item 2.				
	No	None 6	RACE. H.V	VI SON- DAG	ghter				
	18 CAUSE OF DEATH (Enter only one of PART 1 DEATH WAS CAUSED BY	ouse per +ne for (a), (b), and (c).)	O	4	INTERVAL BETWEEN ONSET AND DEATH				
П	IMMEDIATE CAUS	SE (a) Cardial Ur	Leve		30 nun				
ł	T XUU DI	UE TO D		1	10.				
ı	Conditions, if any, which gave	(b) Willresselverte	u leart	alelese	year.				
П	rise to immediate cause (a), (Stating the underlying cause (UE TO			V				
1	last.	(c)							
ı	PART II OTHER-SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDIT	ION GIVEN IN PART 1(a)	19 WAS AUTOPSY				
	Closed: Comment of the state of								
1	20g ACCIDENT WAS UNDERLYING OF DEATH OF CONTRIBUTING OF CONTRI	206 DESCRIBE MOW INJURY OCCURRED (Enter noture of course of Dort	Lar Part II of stem 18.)	T IIS AND INO L				
	OR CONTRIBUTING CAUSE OF DEATH	TOO DESCRIPTION WORLD COUNTED !	Enter holdre di migriy in Poli	t di ruii ii di nen 18 j					
		20d INJURY OCCURRED 20e PLAC	Y OF BUILDING II.	20f (City or town)	1/ 1) (6) 1)				
1	20c TIME OF INJURY Month, Day, Year Hour a.m.	While - Not While - focto	E OF INJURY (Hame, form, ary, street, office bldg., etc.)	20f (City or town)	(Caunty) (State)				
П	p,m	9 at work at work	011	- 1					
1	21. I certify that (I) (this ha		Sept - 6, 196		19, that (1) (we) lost				
Į	sow the deceased alive on_	2 196/, and that	death accurred at	M, from causes and	an the date stated above				
ı	22a SIGNATURE	11. 0	ATTENDING MED	STAFF -	26—DATE SIGNED				
Į	- CAMILLAND	CONSTONALLY M.D	PHYS DIR	ECTOR PHYS	147, 1761				
	22c PHYSICIAN S NAME (Type)	D-71/	22d ADDRESS	100 / 1000	UD - I - DI				
	MANUEL (1996) A O B E KIT	· III ONT GOMENY	5411 CEO	MAK HAVE	DRIHESDIT				
	23a. BURIAL, CREMATION, 23b DATE T	THEREOF 23c NAME OF CEMETERY OR C	REMATORY	23a LOCATION (City or Town)	(County) (State)				
1	Burial 9-9.	-67 Parklawn C	emeterv	Rockville,	Marrol and				
ľ	24 FUNERAL DIRECTOR	ADDRESS	25a RECD BY	REGISTRAR_ 25b REG STR	AR S SIGNATURE				
	ROBERT A. PUMPHRI	EY, Bethesda, Marv			las Judge.				



12783

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

TO FUNETAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fulled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remays eachan papers. Pages 1 and should be filed with the State Dept. at Health priar to burial, cremation, ar remayal, and in any event, within 72 hours after dept.

CERTIFICATE OF DEATH

1	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission)						
	o. COUNTY MARYLAND	o. STATE MARYLAND b. COUNTY ANNE ARUNDEL						
ŀ	b CITY OR TOWN (If outside corparate limits, c. LENGTH OF STAY IN 16	CCITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
1	write RURAL and give nearest town)	EDATOLAMED WADATAMO						
ŀ	d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress)	EDGEWATER, MARYLAND d STREET ADDRESS e IS RESIDENCE						
1		ON A FARM?						
	Totomac Valley Mursing Home	TAS I NO XX						
	NAME OF First Middle	Lost 4 DATE Month Doy Year						
V	(Type or print) Kathlaen M	Uilson DEATH SOOT 14 1964						
T		8 DATE OF BIRTH 9 AGE (In years LE UNDER 1 YEAR 1 IF UNDER 24 HRS						
1	WIDOWED DIVORCED	1/4/1888 lost birthdoy) Months Doys Hours Min.						
-	100 JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT						
H	turing most of working life, even if retired) INDUSTRY	COUNTRY?						
	HOUSEWIFE HOME MAKER							
Т	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	JAMES BARTLETT							
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. I (Yes, no, or unknown) [{II yes give wor or dates of service}]	NFOR (SON) ROCKVILLE, MARYLAND=ROAD						
	(1 es, 10, or blinking with passifice was of dates of savice)	R.CHARLES E.WILSON THREE SISTERS						
F	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))	INTERVAL BETWEEN						
1	PART L DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) Caduroascule	a Cy Clapse Conser AND DEATH						
1	4221 DUE TO 1							
1	Conditions if any which case >	entolering of afareties I done						
1	rise to immediate couse (o),							
1	storing the underlying couse	T. A. Merry make the						
1								
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	PERFORMED?						
	of feelers of sud Ceretral as Prosections							
- 10	← 1 2Do ACCIDENT WASSINGSD YING □ I 20N DESCRIBE HOW INHIDY OCCURRED IN	(Enter nature of injury in Port I or Port II of Item 18.)						
	I (IF FITHER NOTIEY MEDICAL EXAMINER)							
		CE OF INJURY (Home, form, 20f (City or town) (County) (State)						
	Hour o.m. 19 While Not While of work	ory, street, office bldg , etc.)						
1	21 certify that (1) (this hospital) attended the deceased from /2	1965, to 4/14/6-, 1967, that (I) (we) last						
		t death accurred at 75 1 M, from causes and an the date stated above						
1	220 SIGNATURE 1	22b DATE SIGNED /						
1	Leon H Mus will mo	ATTENDING MED STAFF						
П	22c PHYSICIAN'S	22d, ADDRESS						
1	NAME (Type) GEORGE H. LITCHELL, I.D.	11125_ROCKVILLE PIKE.ROCKVILLE.ID.						
) -								
(1	230 BUR AL, CREMAT ON. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR REMOVAL (Specify)							
1	BURTAL / 9/16/1967 CEDAR HILL (
	24. FUNERAL DIRECTOR July &. Husorg ADDRESS	250 RECD BY REGISTRAR 256. REGISTRAR'S SIGNATURE						
	HYSONG'S PUTERAL HOME 1500 ST.N.W. WAS	SH. D.C. Determ of D. 1907 Office of October						



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours ofter deoth.

Poge 4 may be retained by the hospitol or ottending physicion.

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in E director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 ha

filled in by the funeral papers. Pages 1 and 2 min 72 hours offer bleath.

12793

CERTIFICATE OF DEATH

, T	PLACE OF DEATH				2. USUAL RESIDENCE (W		hved, if institution		a before ad	mission)
1	MONTGOME	RY	MARYLAN	ND	o. STATE VIRG	INIA	D. COUNT	T		a)
	b CITY OR TOWN (II	autside corparate limits,	c LENGTH OF STAY IN 1	b	c CITY OR TOWN (If aut	side carparate	limits, write RURA	L and give	nearest fav	wn)
4	BETHESDA	give negrest rawn)	25 DAYS		SPRINGFIE	LD				
		L OR INSTITUTION (If not in I			d STREET ADDRESS					RESIDENCE N A FARM?
	U. S. NAV	AL HOSPITAL,	BETHESDA, MD.		7920 E. R	OCKGLEI	V COURT	A	YES	NO
3	NAME OF DECEASED (Type or pant)	STEVEN First	BRUCE		WREN	4 DATE OF DEATH	SEPT Month		30 30	Year 67
5	MALE MALE	CLASSICS	MARRIED NEVER MARRIED A		9 SEPT 1950	9 /	AGE (In years last birthdoy) yrs.	Months		JNDER 24 HRS ours Min
l0 du	d USUAL OCCUPATION	(Give kind of work dane ite, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (County & OAKLAND			12. CITE	ZEN OF WH	STATES
13	FATHER'S NAME				14. MOTHER'S MAIDEN N	IAME				
	WILLIAM :	E. WREN JR.			HARRIETT	KARBER				
15	. WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. 1	NFORMANT		Addres	2		
	NO or unknown)	(If yes give wor or dates of serv	rice)	F	ATHER	SAME	AS # 2			
F		ATH (Enter only one couse pe	r line for (o), (b), and (c).)							L BETWEEN
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (a)	LEUKEMIA, ACUTE						OMPELI	AND DEATH
	1043	DUE TO	•							
	Conditions, if any,	which gave) (b)_								
	stating the under									
	last.) (c) _							1 10 1111	
IFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						PER YES [S AUTOPSY FORMED? NO XX		
CERT	OR CONTRIBUTING I	CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCU	IRRED.	(Enter nature of injury in I	Part I or Part II	of item 1B.)			
MEDICAL	20c. TIME OF INJU Haur a.m p.m	10	20d INJURY OCCURRED 20 While Not While of work		CE OF INJURY (Hame, farm ary, street, office bldg., etc.)		City or fown)	(Cou	nly)	(State)
	21. I certify that (I) (this haspital) attended the deceased from 5 SEPT , 1967, tago SEPT , 1967, and that death accurred at 4:55 BM, from causes and an								7, that e date si	(I) (we) la lated abav
	220 SIGNATURE	Love	12 -	J.M_	PHYS.	MED DIRECTOR C	STAFF PHYS		TE SIGNED EPT 1	967
	22c PHYSICPAN'S NAME (Type)	LT D. R. FOR	REMAN, MC, USN		U. S. NAV.	AL HOST	PITAL, B	ENVHES	DA,_M	D
23	O BURIAL, CREMATIO		23c NAME OF CEMETER	RY OR	CREMATORY	23d LOCA	TION (City or Tow	m) ((County)	(State)
	REMOVAL (Specify) BURIAL	4 OCTORE	ER 67 ALRLINGTON	NA	TIONAL CEME	TERY, A	ARLINGTO			ON, VA.
1	EVERLY WHE	EATLEY FUNERA XANDRIA, VIRO	AL HOME, 1500 W.	BF	ADDOCK 250 RECED DAND CT	BY REGISTRAL	367 25b REC	istrar's si	GNATURE S	ye.





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1)		CERTIF	ICATE	OF DEATH	90		
		PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased Hved, if institution. Residence be	afare adm ssian)		
	(a. COUNTY MAR	YLAND	a. STATE Med b. COUNTY MO	1/7.		
	1	CITY OR TOWN (If autside carparate limits, C LENGTH OF STAY	IN 16	c CITY OR TOWN (If autside carparate limits, write RURAL and give nec	trest tawn)		
	<	write RURAL and give-georest town)	c.	SILIED SORIED	117.		
	-	NAME OF HOSPITAL OR INSTITUT ON (Ill hat in hospital, give street address)	3/	d STREET ADDRESS	e .S RESIDENCE		
		Holy Cross Hosp.		1223 WoodsidE PRW	ON A FARM? YES NO		
1		VAME OF DECRASED Type or point) HER DERT 1, VEA C-2	R	Last 4. DATE Month OF DEATH	Day Year 7 697		
	5	EX 6. COLOR OR RACE 7 MARRIED NEVER MARRIE	D 🔲 В.	B. DATE OF BIRTH 1002 9 AGE (n years FUNDER 1 YEA			
		M WIDOWED DIVORCE		12-20 XXX Gy rs Manths Day			
	10a dari	USUAL OCCUPATION (Give kind of work done pg most of working life, even if retired) INDUSTRY_		11. BIRTHPLACE (County & State or Fareign country) 12. CITIZEN COUNTR			
		Real Estate	1	Greeburg Illinois U.S.	A		
	13.	FATHER'S NAME		14. MOTHER'S MAPDEN NAME			
		george Yeager		Amolia (Unknown)			
	IS.	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, gruph(nawn) (If yes give war ar dates af service)	17 INF	NFORMANT 1223 Woodside	a Dashma.		
	(10	No 57/-07-5	Mrs	Louise Yeager Silver Sorie	e Manulana		
		18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c))			MERVAL BETWEEN		
		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Acute and c	hronic	c necrotizing pancreatitis	ONSET AND DEATH		
		5 6 / / DUE TO					
	Н	Conditions, if any, which gave) (b) with panc	c pseudocyst				
	Н	nse to immediate cause (a), Stating the underlying cause DUE TO					
	Н	last. (c)					
	_	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	HE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19 WAS ALTOPSY PERFORMED?			
1	Multiple myeloma 70a ACCIDENT WAS LINDS FRYING TO 70b DESCRIBE HOW INJURY OF CHIERER Datus of injury in Part, or Port II of item IR.)						
	CERT	2D□ ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CCURRED (Er	Enter nature of injury in Part or Port II of Item 1B)			
	MEDICAL	2Dc. TIME OF INJURY Month, Day, Year Haur a.m. p.m. 19 2Dd. INJURY OCCURRED While at wark at wark	20e. PLACE factory	CE OF INJURY (Home, farm, 20f (City or tawn) (Caunty) ary, street, affice bldg., etc.)	(State)		
	П	21. I certify that (I) (this hospital) attended the deceased	from	, 1963, 10 9/17, 1967,	that (I) (we) l ast		
		saw the deceased alive on 9/17 1967.	and that a	death accurred at 3110PM, from causes and on the d	lote stated above.		
		Bleing H. Fig / Gold	M.D	ATTENDING MED. STAFF 276 DATES	IGNED -		
1		22c, PHYSICIANS NAME (Type) Blaine H. Eig, M.D.		8641 Colesville Rd., Silver Sp	ring, Md.		
1	23n	BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEN	FTERY OR CR	CREMATORY 23d LOCATION (City or Town) (Cou	inty) (State)		
V	0	REMOVAL (Specify)			and and		
1	24	FUNERAL DIRECTOR, ADDRESS	ncoun.	ZSO RECD BY REGISTRAR 25b. REGISTRAR'S SIGNA	TURE		
1	1.1	court of Thomas 21 in Act of the	rgia A		Judge :		
	13/6	irner L. Pumphrey Inc. Silver S	DRUNG.		13 63		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove/carban papers. Pages 1 and 2 shauld be filed with the State Dept of Health prior to burial, crematian, or removal, and in any event, within 72 haurs after death 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physicion.

VR A15 (4) 25M 1/67



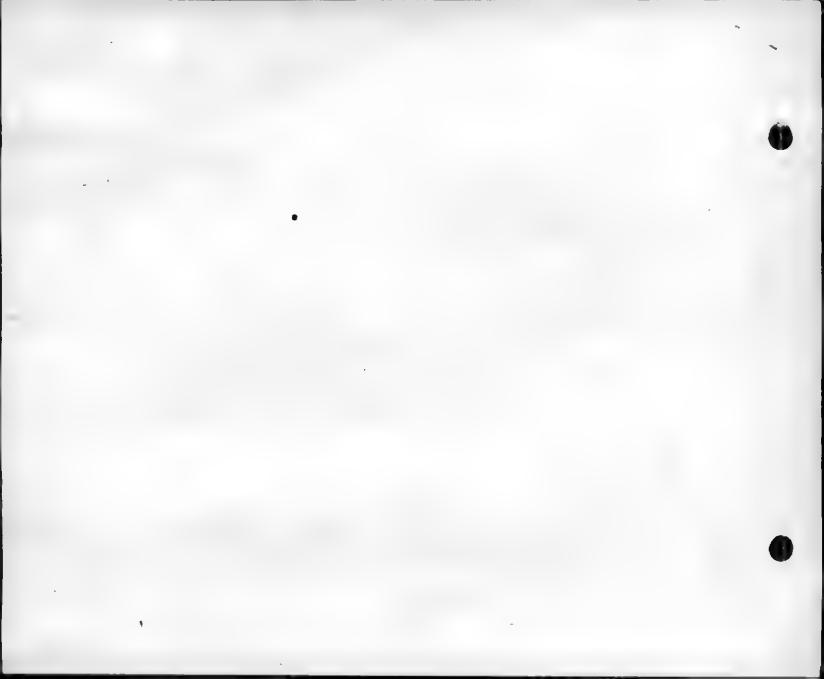
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH					
	CEDT	IEIC AT	E AE	DEA	THE

12787			CERTI	FICATE	OF	DEATH				1275	16	
. PLACE OF DEATH					2 USU	AL RESIDENCE (V	Vhere de	ceased I ved, if institu		esidence befa	re adm ssir	an)
Montg			MAI	RYLAND		Idaho						
	(If autside carparate limit nd_give nearest tawn)	s,	c. LENGTH OF STAY	IN 1b	c. CITY	OR TOWN (If au	tside carp	parate limits, write RU	RAL an	nd give neare	st tawn)	
Betne	sda		62 days		1	Caldwe!	11					
d. NAME OF HOSP	ITAL OR INSTITUTION (If n	at in haspital, g	ive street address)2	0014	d. STRE	ET ADDRESS				Ī	e. IS RESII	DENCE
The Clini	cal Center,	Bethesd	a,Marylan	.đ		2114 W:	isco	nsin Stree	et		ON A F	
3. NAME OF		irst	Middle			Last	4. DAT	· · · · · · · · · · · · · · · · · · ·		Do	y Ye	or
DECEASED (Type or print)	Vi	rginia	Janet	You	ung		OF DEA	Septe	emb	er 26	9 19	67
S SEX	6. COLOR OR RACE	T	NEVER MARRI		8. DATE (OF BIRTH		9. AGE (In years		INDER I YEAR	IF UNDER	
Female	White	WIDOWED	DIVORC	ED 2	6 Oc	teber 19	919	last birthday)	Mor	nths Doys	Hours	Min
	ON (Give kind of work done	105 KH	ND OF BUSINESS OR					r fareign country)	_	12. C TIZEN O		-
during mast of warkin Sa.Les.Li	ig lite, even it retired) 3. C.V	Rea	DUSTRY 1 Estate			Wyom:	ino			COUNTRY	,	
13. FATHER'S NAME					14. MO	THER'S MAIDEN N		-		0021		
Joseph :	Stewart					Katy	Bro	wn				
IS. WAS DECEASED E	VER IN U.S. ARMED FORCES?	16 5	OCIAL SECURITY NO	17, 1	NFORMA			1 Records	ess			
(Yes, no, or unknown	(If yes give war ar dates	at service) No:	t availab					er,Betheso		Ma marl a	nd 20	0017
			(a), (b), and (c))	1 111	<u> </u>	<u> </u>	20110	er Deomesc	اوات	INI Deit Alter	TERVAL BET	WEEN
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: MMERINATE CAUSE (a) Streptococcal sept				sept:	icem	ia				7 01	CALY	DEATH
IMMEDIATE CAUSE (0) SUPERFLOCOCCAIL SEPTEMENTA 1. day								<u> </u>				
Canditians, if an	ry, which gave }		static ov	arian	car	cinoma				16	year	rs
rise to immedia		(v)										
stating the una	lerlying cause	(c)										
	SIGNIFICANT CONDITIONS (O DEATH BUT NOT P	FLATED TO T	THE TERMI	MAL DISEASE COM	IDITION C	SAVEN IN PART 1(a)		119	WAS AUT	OPSY
200 ACC DENT W	SIGNATURE CONSTITUTES	ON RIDGING 1	O DEATH DOT HOT K	LONILD TO T	THE VENTA	MAL DISCASE CO.	IDI-TOR C	Steely He I MKT I (u)			PERFORM	NED?
S 200 ACC DENT W	AS UNDERLYING	201- 000	SCRIBE HOW INJURY	OCCUBBED ((Cotton and		Dart I av	Dark It of January 201		,	ES X	NO [
OR CONTRIBUTIN	G 🗆 CAUSE OF DEATH	200. 00:	XCKIDE HUW INJUKT	OCCURRED.	(EIIIBI IIUI	ore at injury of t	ran i or	Poli ii di iiem ia)				
	Y MEDICAL EXAMINER)	204 18	JURY OCCURRED	20- DIAC	CE OF INTH	JRY (Hame, farm	. 20	f. (City or town)		(County)	-	(State)
20c. TIME OF IN		While	Nat While			ukt (name, ram , affice bldg., etc.)		it, (city of fown)		(county)	,	(aidie)
	o.m. 19	at wark				07	- C 171		7	10/54	400 4	
21. I cert	tify that (\$) (this has deceased alive #n_S	spital) attend	led the deceased	trom_এ	uly	<u> </u>	YO'/	, to Sept. A	¢6_,	19 <u>67</u> , tl	nat OK (we) las
		1	19 07,	ana mar	death	accurred diz	1101					1 abave
220 SIGNATUR	220 SIGNATURE MED STAFF 226. DATE SIGNED M.D PHYS. DIRECTOR PHYS. WI DIRECTOR PHYS. WI 27 Sept. 1967											
22c. PHYSICIAN	11000	CVIV	1100	יויאו			DIRECTOR	linical Ce				
NAME (Typ		mmer. M	D		Tı	nstitute	35 O	f Health,	et1	hesda -	Md 20	001/
23a. BURIAL, CREMAT			23c. NAME OF CE	METERY OF				LOCATION (City or To		(Count		Stote)
REMOVAL (Speci	fv1		Knowlto					Caldwell		Idaho	/ (3	1010)
24 FUNERAL DIRECT		37	ADDRESS		0						RF	
ROBERT		FY Bo	thogda	Mars	rlon	A DET	2	15TP 48 67 25b	Lia	ARS S GNATU	udar	

TO FUNETAL DIRECTOR: After this certificate has been signed by the attention physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, cremation, or removal, and apparent within 72 hours after death. TO HOSPILAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be axacuted within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 25M 1/67



		It 9-	ems 18&19 Film 392 MARYLAND STATE DEPARTMENT OF HEALTH 14-67ប់ស៊ីទីទីក of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAI	RYLAND			
	STATE		19700 MEDICAL EVAMINEDIC CEDTIFICATE OF DEATH				
HEALTH	DEPIT.	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Re a. STATE D. COUNTY	sidence before admission)			
funeral may N	att	-	h. CITY OR TOWN (If pure de connecte limite Le LENCTH OF STAY IN 3h	and give nearest town)			
(1)	Department, after death,		Write RURAL and san mearast towns	Fr 15-1			
5 88	aft aft	, -	d. NAME OF HOSPITAL OR INSTITUTION (If fot in hospital, give street address)	on a FARM?			
and 3 to	e Staffe	3.	NAME OF DECEASED First (June) Mindla Last 4. DATE Month	Day Year			
P.Z.	F-	5,	(Typa or print) Selection DEATH	5 19-67 YEAR HE UNGER 24 HRS.			
ges form	2 with	1	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BUTH 9. AGE (ID Tears IF UNDER I Months 1 Mont	Days Hours Min.			
fter death. If any dela Give Pages 1, 2, and 3 g with form PM3. P	event	dal	USUAL OCCUPATION (Give kind of work done 10h KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CII	TIZEN OF WHAT			
年0 %	-	13.	regiment of working life, even if retired inspection division Warren, Pa. U. FATHER'S NAME U.S. GOVERNMENT 14. MOTHER'S MAIDEN NAME	S.A.			
	pages d in any	Victor C. Zebley Ada C. Bovee					
	File and and	15 (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (18 yes give war or dates of service)				
within pencil i	577-20-2547A Mae L. Zebley same as #2						
ed in p	iii po		PART I. DEATH WAS CAUSED BY: Cardiac/Arrhythmile/ Acute myocardial disease	ONSET AND DEATH			
d be executed "pending" in Medical Exan	burial-transit cremation, or		4321 DUE TO (Advants) Character	2 yrs.			
be e	burial-tran cremation,		gave rise to immediate (
should be word "pen Chief Med	(0		cause (e), atating the underlying causa lest. (c) Generalized arteriosclerosis	Yrs.			
ate share we	used as to burial,	ATION	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) None	19. WAS AUTOPSY PERFORMED? YES X NO			
This certificate s e, writing the v prwarded to the	o o	CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.)				
R: This cer ate, writin forwarded	nt, m	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, factory, street, office bidg., etc.) 20f. (City or town) (County) (State) 4 but a.m. 9 m. 19 at work Inquiry In					
INER: T ificate, be for	a 33						
FLO	Pag mate						
S P	CTOR: Page designated	death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner					
cute age 4	it it		ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED			
= 0000	2 4 0		EXAMINER'S Jehn J. Regers will DEPUTY MEDICAL EXAMINER &	-5-67			
DEPUTY please ex director.	FUNERAL FUNERAL F Health o	23a	NAME (Type) Address (Street, city, town or country) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or country)	nty) (State)			
2 2 2	P P		burial (specify) 9/8/67 Ft. Lincoln Cemetery Prince Georges				
	15ME (5)		FUNERAL DIRECTOR The S.H. Hines Company 256. REGISTRAR 256. REGIST	Les Judges			
5M	1/65 1	-	OALE OF THE TOTAL	7 0			

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12798

CERTIFICATE OF DEATH

		CERTIFICATE	7 DEATH					
		PLACE OF DEATH O. COUNTY 2.	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before domission)					
-1	(O. COUNTY MARYLAND	o. STATE Markeul b. COUNTY Mondaconer					
1	t	b. CITY OR TOWN (If outside corporate limits. C. LENGTH OF STAY IN 1b C.	CITY OR JOWN (If outside corporate limits, write RURAL and give natirest town)					
		write RURAL and all states of the Rural of t	Kenangton 151					
ı	(STREET ADDRESS e IS RESIDENCE					
5		Auburban	9701 Old Soring Food YES NO					
1		NAME OF First Middle v	Lost 4. DATE Month Day Year					
	((Type or print) Suize - Belo	nese DEATH Sprilleder 23 1967					
	5. 5	SEX 6. COLOR OR RACE MARRIED NEVER MARRIED B. D.	ATE OF BIRTH 9. AGE (In feors IF UNDER 1 YEAR IF UNDER 24 HRS.					
1	-	male white WIDOWED DIVORCED de	20. 11 - 1907 3 9 yrs. Months Doys Hours Min.					
		Do. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11	I. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT					
1		ring most of working life, even it retired) and MOUSTRY Grang + Co	Breeklen - Now York COUNTRY? U.S.					
	13.	3. FATHER'S NAME	MOTHER'S MAIDEN NAME					
		Max Satmers	testher Latour					
	IS.	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFO	RMANT (RISE) Address William - Vit .					
	1.00	no 20 578-32-1723 ms	mellie Perenstein - 200 Broth Stake					
		1B. CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c).)	INTERVAL BETWEEN					
Į		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	ce The 2018 AND DEATH					
-		DUE TO CO						
ı	1	(b) Conditions, if any, which gove isse to immediate couse (a),	aca fujaseleus /kgs					
1		stoting the underlying couse DUE TO	to head down of 3 al					
		lost. (c) Critical and	the first along 1 - 747					
1	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RECATED TO THE T	FERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED 2 YES 12-NO					
	35	20o. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Ente	er nature of injury in Port I or Port II of item 18.)					
	_	THE PROPER NUMBER METAL AND PROPERTY I						
-	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF	F INJURY (Home, form, 20f. (City or town) (County) (State)					
-	ME	Hour o.m. While Not While of work of work	treet, office bldg., etc.)					
1		21. I certify that (I) (this hospital) attended the deceased from	965, 19 sto 4/53, 196/that (1) (we) last					
1		saw the deceased olive an						
		220. SIGNATURE	ATTENDING MED. STAFF 226. DATE SIGNED					
		22c PHYSICIAN'S S	PHYS. L DIRECTOR L PHYS. L 22d. ADDRESS					
		NAME (Type) De HAAN & U. WAISh	I Suc Eye M. M. VI. Q.C.					
1	230.	30. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREM	AATORY 23d. LOCATION (City or Town) (County) (State)					
		REMOVAL (Specify) 9-25-67 WASHINGTON HER	BREW GING, CEM. WIASHINGTON - D.C.					
1		24. FUNERAL DIRECTOR ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE					
	(3)	BERNARD DANZANSNY YSONS -WASHINGTON -	DC DATE SFP 26 1981					

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by M. Funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour Page 4 may be retained by the hospital or attending physician. VR A15 (4) 25M 1/67

